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TWENTY YEARS
of
MENTAL HYGIENE

1909-1929

Published by
The American Foundation for Mental Hygiene, Inc.
370 Seventh Avenue
New York City

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end of promoting and conserving mental health and ameliorating the scourge of mental ill health.

SCIENCE takes exception to the law that only those whom nature deems the fittest shall survive. Nature has her hidden remedies for the torture of a broken mind or body, and science is upon the march in search of those remedies, that they may be rededicated to mankind. The knowledge so gained forms a sacred trust of civilization for the maintenance of the strong, for the refitting of the weak and sick to their health and opportunity, and for their deliverance to a useful life in the community and that pursuit of happiness which is the proper promise of creation.

IN such trusteeship it is our faith that this Foundation will take its place.

* The name of the author of the Preamble will be found on page 212, in the article entitled "The American Foundation for Mental Hygiene, Its Origin, Purposes and Personnel".

TWENTY YEARS
OF
MENTAL HYGIENE

1909 -- 1929

First Distributed

at

THE TWENTIETH ANNIVERSARY DINNER

Held at

HOTEL BILTMORE
New York City

EVENING OF NOVEMBER FOURTEENTH
Nineteen Hundred Twenty-Nine

Under the auspices of

THE NATIONAL COMMITTEE FOR
MENTAL HYGIENE

and of

THE AMERICAN FOUNDATION FOR
MENTAL HYGIENE

370 Seventh Avenue
New York City

FOREWORD

THOSE who speak at the Twentieth Anniversary Dinner, held on November 14, 1929, at the Hotel Biltmore in New York City, in celebration of the inauguration of the mental hygiene movement, which has now become world-wide in scope, will, of course, not have time to describe in detail the growth of the movement. It has, therefore, been deemed advisable to distribute at the Dinner this brochure, which contains historical data and basic information so arranged as to give one a comprehensive idea of the nature and scope of the organizations and projects that some of the speakers will refer to in their addresses.

IT is hoped that those who participate in what Dr. William H. Welch has called "this really historic occasion", will not only keep this brochure as a souvenir of the celebration itself, but increase its usefulness later by bringing it to the attention of others. Additional copies for use in this helpful way may be secured by writing to The National Committee or to The American Foundation for Mental Hygiene, 370 Seventh Avenue, New York City.

N 29
1929

PROGRAM
TWENTIETH ANNIVERSARY DINNER

Opening Remarks by the Presiding Officer.

WILLIAM H. WELCH, M.D., LL.D., Director of the Department of the History of Medicine, Johns Hopkins University; Honorary President of The National Committee and of The American Foundation for Mental Hygiene.

Mental Hygiene in the College and the University

JAMES R. ANGELL, LL.D., President of Yale University; a Vice-President of The National Committee and of The American Foundation for Mental Hygiene.

A Review and Interpretation of Twenty Years of Progress in Mental Hygiene, A Glimpse Into the Future, with Concluding Remarks about the Coming First International Congress on Mental Hygiene.

WILLIAM A. WHITE, M.D., M.A., Superintendent of St. Elizabeths Hospital, Washington, D. C.; Member of the Executive Committee of The National Committee and President of the First International Congress on Mental Hygiene.

Brief Reminiscences of the Work.

FRANKWOOD E. WILLIAMS, M.D., Sc.D., Medical Director of The National Committee for Mental Hygiene; Editor of MENTAL HYGIENE.

Significant Incidents in the Progress of the Work (not altogether impersonal) with Concluding Remarks about the Plans and Purposes of The American Foundation for Mental Hygiene.

CLIFFORD W. BEERS, M.A., Founder and Secretary of The National Committee and of The American Foundation for Mental Hygiene; author of "A Mind That Found Itself", the publication of which led to the inauguration of the mental hygiene movement.

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ORIGIN
of
THE MENTAL HYGIENE MOVEMENT

THE origin of the movement and the first use of the phrase "Mental Hygiene" in connection with an organized effort to protect mental health and improve the standards of care and treatment of the mentally ill, which magic phrase was suggested by Dr. Adolf Meyer, can best be described by quoting the following passage from the first edition of "A Mind That Found Itself", published in March, 1908, by Longmans, Green and Company, with an Introduction by the late William James, a staunch friend and supporter of its author, Clifford Whittingham Beers.

To quote verbatim from pages 295–296 of the edition mentioned:

"A permanent agency for reform and education in the field of nervous and mental diseases is one of the great needs of the day. Such an agency—whatever its form—could do in its own field what the National Society for the Prevention and Cure of Tuberculosis has done, and is doing, in its sphere of activity. Though the improvement of conditions among those actually insane and confined should ever be an important factor in shaping the policy of such an organization, its most important work would be the

waging of an educative war against the prevailing ignorance regarding insanity. This, to cure the disease by preventing it, is the only effective cure known. The watchword of such an organization might well be the significant phrase: Mental Hygiene. Its purpose: the spreading of a common-sense gospel of right thinking in order to bring about right living, knowledge of which is needed by the public at large if the population of our asylums is to be controlled and eventually decreased. A campaign of education, rigorously carried on, would, in time, lead to the rescue of thousands who, if left in ignorance, must, of necessity, drift into a state of actual and perhaps incurable insanity. Editors, ministers, educators, philanthropists, and members of the medical profession as well, could do much to further such a work of enlightenment.

"Having promised the reader a 'remedy', I dare to offer a definite recommendation, based on the advice of interested supporters who, for years, have been actively engaged in successful works of reform and education. I suggest that a 'National Committee' (modeled after the very efficient 'National Child Labor Committee') shall, without delay, be brought to a working perfection. Such a 'Committee' could coöperate with Federal, State, and local agencies—and do so in such a manner that representative men and women in each State may, when it takes shape, control the movement in their respective communities.

"The ramifications of the proposed organization would be so numerous as not to admit of detailed description here. Suffice it to say that the 'National Committee for Mental Hygiene' (I present the name for consideration) would be equally the friend of the physician and the patient; also the friend of a patient's relatives, to whom, when burdened with an actual or impending affliction, it would become an unfailing source of information, advice, and comfort. In a word, it would be a friend to Humanity, for no man knows when he himself may have to look to it for assistance."

Mr. Beers had originally intended to found the projected "National Committee" before his book was published, and this could have been done since a group of the nation's leaders had already agreed to serve as charter members of the organization. But some of his older and more conservative advisers—he was thirty-two at the time—felt that it would be wiser to test part of the plans by first establishing a State Society for Mental Hygiene. Accordingly, though none too willingly, he set about founding in his native State the pioneer Connecticut Society for Mental Hygiene. As a first move, Mr. Beers wrote and published, in April, 1908, the now somewhat historical and certainly prophetic Prospectus which appears on the following pages (10 to 16). Inasmuch as he looked upon this formulation of plans as the equivalent of a patent covering a new

form of social mechanism, he copyrighted the Prospectus in his own name and held the rights to its use until The Connecticut Society for Mental Hygiene, founded on May 6, 1908, officially incorporated it into its program of work.

In the interests of historical accuracy, it should be stated that though The National Committee for Mental Hygiene was not founded until February, 1909 (nearly a year after the pioneer State Society was established), the credit for inaugurating the movement rightly belongs to the group that founded the National Committee, since no State Society would have been established in advance in Connecticut or elsewhere had not Mr. Beers been assigned to the task by the original pioneer group.

Preliminary Prospectus

or scope of the planned work of the

Connecticut Society for Mental Hygiene—

the first of the several independent State Societies to be brought into existence under the auspices of the National Committee for Mental Hygiene

I

"After all, what the insane most need is a friend!"

By coördinating the friendly impulses of those who, if they but knew how, would gladly help the insane, the Society for Mental Hygiene can prove itself that friend.

II

It is the aim of the Society for Mental Hygiene to become a permanent agency for education and reform in the field of nervous and mental diseases; an agency for education always, for reform as long as radical changes may be needed.

III

The chief object of the Society for Mental Hygiene shall be the improvement of conditions among those actually insane and confined, and the protection of the mental health of the public at large.

Conditions in this neglected field may be bettered by arousing through press, pulpit and innumerable other channels, a sentiment against existing evils. Public sentiment thus aroused will eventually express itself through State Legislatures in the form of adequate appropriations, and these intelligently expended will raise standards of treatment. As universal confidence in our institutions would soon overcome the now common dread of commitment and appreciably diminish the dread of insanity, the raising of standards of efficiency shall be a controlling factor in the policy of the Society.

IV

The Society shall coöperate with hospital officials—especially with the physicians in charge of the patients.

These, it is assumed, will take an active part in the work of the organization. This is most important, for the success of the planned campaign depends, in large measure, upon the hearty coöperation of those in authority in our institutions.

V

A most important function of the Society will be the waging of an educative war against the prevailing ignorance regarding conditions and modes of living which tend to produce mental disorders. This common-sense prophylaxis—or work of prevention—will, in time, bring under control the now increasing population of our hospitals and asylums.

VI

The Society shall publish and distribute information which will warn and help rescue those threatened with nervous or mental collapse, and indicate the help at hand. Popular articles on mental disorders and the provisions for their management, written especially for the general public, will go far toward correcting mistaken conceptions now commonly held by laymen; and such knowledge, widely spread, will overcome many terrors now ignorantly associated with disturbed states of mind and the institutions provided for their treatment.

VII

It shall be an aim of the Society to devise a substitute for the usually ineffective and always disturbing "Legislative Investigation". In the opinion of those able to judge, this result can be best reached by a commission of experts who would prepare and report a plan which would serve as a basis for permanent improvement.

VIII

The Society shall appoint a Committee to study the question of making the legal protection of patients, both before and after commitment, less of a burden for all concerned. A Committee composed of physicians, lawyers, hospital officials and well-informed laymen, should be able to frame a set of model statutes, applicable, with slight modifications, to the situation in all States of the Union. Such a set of statutes would do away with practices under which the afflicted now suffer needless annoyance and hardship. Patients should be given every deserved privilege and their rights should be protected by law. Except where effective supervision is assured, hospital rules, so easily made, set aside or broken, should not be accepted as adequate protection for inmates of our public and private hospitals where the mentally afflicted are confined.

IX

Viewed as a whole the problem of insanity may seem staggering, perhaps hopeless; but divided into its manageable elements the problem becomes susceptible of solution. It shall therefore be an aim of the Society to formulate a plan, in the carrying out of which these controllable units may be reached.

X

The Society shall endeavor to spread a knowledge of the principle of Non-Restraint, with a view to bringing about the universal adoption of this individualizing principle in the treatment of insanity.

XI

The Society shall appoint "After-Care-Committees" for the purpose of assisting those who, without help of some kind at the time of their discharge, find the struggle for existence so severe as to cause a relapse, often necessitating re-commitment. This plan has long been in successful operation in Germany, Switzerland, France and Great Britain. In this country, the State of New York has taken the lead, several After-Care Committees having already been brought to a working perfection under the auspices of the State Charities Aid Association of New York City.

XII

It shall be the business of the Society to appoint a Local Committee to represent it in each city and town. Such a Committee shall act as First-Aid to the insane—and to the relatives and friends of those suddenly stricken. Not only shall it give instructions regarding the commitment and transfer of patients; it shall help bring under prompt control cases of threatened collapse. The Committee shall also send to the hospital authorities information regarding the early history of committed persons, and upon the discharge of the patient, provided help be needed, it shall coöperate with the After-Care-Committee and prepare the ground for his return and for a removal or remedy of the causes which precipitated his collapse.

XIII

Men and women, suited to the work, shall be delegated by the Society to visit the hospitals and take an interest in friendless but responsive patients. In this work the coöperation of the hospital officials must be first secured,

for the physicians in charge of the patients should control such visits.

XIV

It shall be an aim of the Society to bring about the selection of persons, as Trustees in State Hospitals, who have shown an intelligent interest in the work.

XV

It shall be an aim of the Society to secure from the State Legislature power to accept appeals for help and to report on complaints; even in a State where there is a State Commission in Lunacy, with which, where one exists, the Society shall coöperate. This power given to a non-political organization should hold in check political influences which in so many States have not only hindered progress in the hospital field, but done incalculable harm.

XVI

One aim of the Society shall be to secure legislation which will provide for effective supervision of private institutions wherein nervous or mental diseases are treated.

XVII

It shall be an aim of the Society to frame a statute affecting attendants. Good attendants should be protected and properly rewarded; bad attendants should be punished and eliminated from the ranks of hospital workers. It will thus become possible for self-respecting men and women to engage and remain in the work.

Pensions, as a reward for a life of faithful service, would tend to attract and hold hospital workers of the desired type. This plan should apply to physicians as well as to nurses and attendants.

XVIII

The Society shall strive to bring into existence in Connecticut, at the earliest possible moment, a system of model hospitals—this for the purpose of creating a model for other States to copy. The compelling force of an effective example will go far toward bettering conditions throughout the country.

XIX

The Society shall exert influence to have courses in Psychiatry established wherever there is a Medical School, and practicing physicians shall, so far as possible, be drawn into close touch with these centers of enlightenment and with the modern hospitals which will eventually be brought under the control of our universities.

XX

The Society through its accredited representatives shall interest the beneficent rich in its work—this with a view to securing the costlier types of institutions—Psychopathic Hospitals and model sanatoriums—which a State might be slow to provide.

XXI

The Society for Mental Hygiene in proving itself a friend to the insane will, perforce, prove itself a friend to humanity; for no man knows when he himself may stand in need of its assistance. It is therefore right that the Society should look to the public for support, in the securing of which the interest of the individual in the cause will be awakened and kept alive.

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

FOUNDED 1909 INCORPORATED 1916

370 SEVENTH AVENUE, NEW YORK CITY

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THE PURPOSES AND ACTIVITIES OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

Aims

The National Committee for Mental Hygiene, directly and through its affiliated state societies and local committees, works for the conservation of mental health; the reduction and prevention of mental and nervous disorders and defects; the improved care and treatment of those suffering from mental diseases; the special training and supervision of the feebleminded; and the acquisition and dissemination of reliable information on these subjects and on mental factors involved in the problems of education, industry, delinquency, dependency, and others related to the broad field of human behavior.

Functions

The Committee seeks to accomplish its purposes by stimulating research into the nature and causes of nervous and mental diseases and defects; conducting surveys and studies of mental-hygiene problems; applying the knowledge gained from such studies, through education and the promotion of beneficial legislation; encouraging psychiatric social work; assisting in the establishment of child-guidance and other mental-hygiene clinics; developing trained personnel; and coöperating with govern-

mental and unofficial agencies whose work touches at any point the field of mental hygiene.

Organization

The National Committee for Mental Hygiene was organized in 1909, and incorporated in 1916 under the Membership Corporations Law of New York State. Its affairs are managed by a Board of Directors elected by the members, and an Executive and a Finance Committee elected by the Board.

The membership of the organization is composed principally of psychiatrists, neurologists, other physicians, psychologists, educators, judges, lawyers, clergymen, social workers, and leaders in other fields of endeavor. These active members are elected by the Executive Committee; but anyone may become a "Contributing Member" or an "Associate Member". The National Committee is dependent upon voluntary contributions for its support.

Societies and Committees for Mental Hygiene affiliated with the National Committee have been formed in twenty states and others are in process of organization. As a direct result of work done in this country, national committees, leagues, and councils for mental hygiene have come into existence or are being organized in more than twenty countries, and plans are under way for holding an International Congress on Mental Hygiene, to stimulate and coördinate these world-wide activities in the field of mental hygiene, and to form an International Committee for Mental Hygiene.

Services

The services rendered by the National Committee can be briefly summarized under the following heads:

1. *Education.* Publishes a quarterly journal, *Mental Hygiene,* and a monthly *Mental Hygiene Bulletin;* prints and distributes pamphlets, reports, and other educational material for professional and popular use; maintains the Mental Hygiene Section of the National Health Library; prepares bibliographies and selected reading lists; assists in the formulation of courses in mental hygiene for normal schools, colleges, and universities; and, by these means and through lectures, meetings, conferences, participation in the programs of medical, educational, and social-work organizations and service on committees and editorial boards, aims to reach all classes of groups and individuals able to profit by or advance the mental-hygiene movement.

2. *Information and Statistics.* Promotes the use of a system of uniform statistics in institutions for mental diseases, mental deficiency, and epilepsy; conducts special statistical studies; collects, files and summarizes laws enacted each year pertaining to the insane, feebleminded, and epileptic; and serves as a clearing house for information concerning these matters.

3. *Community Clinics.* Assists in organizing child guidance clinics, maintaining an advisory relationship with clinics established as a result of its child

guidance demonstrations; serves as a national consulting bureau for the benefit of other clinics and for communities wishing to engage in mental-hygiene work for children and planning educational programs; and aims to foster the interest aroused by the demonstration clinics in different parts of the country, and to maintain sound standards of work and training in the field of child guidance in general.

4. *Mental Deficiency.* This work is based on a program of identification, registration, training, and supervision of mental defectives. To promote the adoption of this program in the several states, the National Committee conducts state-wide and local surveys and studies; assists in the preparation of legislation; stimulates the increased provision of special classes for the mentally handicapped in public schools; and, in coöperation with public and private agencies, works for a more adequate control, protection, and supervision of mental defectives in the community.

5. *Hospital Service.* Concerns itself with the maintenance and betterment of standards of care and treatment in institutions for mental diseases and mental deficiency; advises with hospital executives upon administrative and professional problems; assists architects and institutional officials in the planning of new construction, and maintains a file of building and floor plans, based upon the most modern scientific knowledge, for this purpose; and encourages suitable provisions in general hospitals

for patients with acute or mild mental disturbances needing temporary care.

6. *Special Studies.* Conducts mental-hygiene studies in the fields of education, industry, dependency, etc.; and addresses itself to the mental aspects of social problems related to human conduct in general.

Memberships

Associate Membership, $5.00 a year
Contributing Membership, $10.00 or more

These memberships are open to all and carry with them complimentary subscriptions to the National Committee's quarterly magazine *Mental Hygiene* and the monthly *Mental Hygiene Bulletin.*

SCOPE OF THE WORK
of
THE NATIONAL COMMITTEE FOR MENTAL HYGIENE, INC.

Magnitude of the Problem of Mental Disorders and Their Prevention

WHEN one considers the large groups of people who may be benefited by organized work in mental hygiene, its importance at once becomes apparent. Such work is not only for the mentally disordered and the mentally defective, but for all (including many of those who consider themselves quite normal) who, through mental causes, are unable so to adjust themselves to the stress and strain of life as to lead happy and efficient lives.

¶ The 1928 hospital census of the American Medical Association showed that 1 out of every 325 persons in the United States was a patient in an institution for nervous or mental disorders (including the feebleminded and epileptic), while only 1 out of every 2,406 persons was a patient in a tuberculosis hospital.

¶ There are now 300,000 patients in hospitals for mental diseases in this country, and this population is increasing at the rate of approximately 10,000 annually.

¶ Approximately 75,000 new cases are admitted to these institutions each year. If admissions continue at this rate, nearly one million of the children and young men and women now in our schools and colleges will be committed to a hospital for mental disease at some period of their lives.

¶ There are more patients in mental hospitals than there are at any one time patients in all of the general hospitals of the country, and most mental hospitals are at all times so overcrowded that many new cases are denied admission and their rightful chance of recovery.

¶ According to a recent study of mental-disease expectancy in New York State approximately 1 person out of every 22 of the population becomes a patient in a mental hospital at some time during his or her lifetime.

¶ Even under the most favorable circumstances, the treatment of mental disorders results at present in not more than twenty-five to thirty per cent of recoveries. Hence, if society is to secure any great relief from the ever-increasing burden of mental disease, research must be encouraged and emphasis from now on must be placed upon preventive rather than curative efforts.

¶ In the opinion of conservative specialists in mental disease, about half of all cases of mental or nervous disorder could be prevented by the timely

application, largely in childhood and adolescence, of knowledge already available. Effective ways of applying this knowledge on a nation-wide scale have been worked out by The National Committee for Mental Hygiene and progress is already being made in the schools and colleges, in industry and in the community generally.

¶ The approximate cost of maintenance of the 300,000 mentally ill persons in institutions is $80,000,000 a year.

¶ The economic significance of the problem of mental diseases in the United States is indicated by the fact that the economic loss to the State of New York alone for the year 1928 was estimated at $143,000,000.

¶ As much as one-eighth of the total expenditures of some states is for the care of the insane; in some states the proportion is higher, and the burden is ever increasing. Prevention is the effective way to reduce it.

¶ Feeblemindedness is also a major mental-hygiene problem, being directly or indirectly responsible for a high proportion of dependency, delinquency, crime, and other social problems. There are approximately 500,000 feebleminded in the country today, of whom only about 50,000 are in institutions. In addition, surveys made by The National Committee for Mental Hygiene have shown that at least 400,000

children in the public schools are so handicapped mentally that they cannot profitably follow the ordinary courses of study. Fortunately, most of these do not need institutional care, but they do need training in special classes in the schools. Such special-class provisions have been made for only about 10 per cent of this number, the rest are growing up in danger of becoming dependents, ne'er-do-wells, delinquents and criminals.

¶ Added to these problems are two others of first magnitude: Suicide and Crime.

¶ Suicide is on the increase in this country, the number for the past year being about 15,000. In addition between 35,000 and 40,000 persons attempted suicide unsuccessfully. A study of a group of suicides made by The National Committee for Mental Hygiene showed that half of them had a history of mental disorders, a high proportion of which were of a preventable type.

¶ More than half a million men, women and children pass through our courts and into our jails, prisons, and correctional institutions every year. The loss to the nation on account of crime has been variously estimated at from half a billion to several billion dollars a year. Numerous surveys and studies made by the National Committee show that two-thirds of the delinquents and so-called criminals are mentally disordered or defective. Application of accepted methods and measures used in mental

hygiene work, quite apart from the hoped-for results from reforms in our criminal laws and criminal procedures, would vastly reduce this tragic burden.

¶ Delinquents and criminals are not made in a day. Recognizing this fact, The National Committee for Mental Hygiene has conducted an aggressive campaign to reduce and contribute toward the control of the problem by means of demonstrations in various cities of the need for Child Guidance Clinics. These are centers to which so-called " problem children ", the class from which thousands of law-breakers are later recruited, may be taken for examination, treatment, and continued guidance. As a result of these demonstrations, several permanent Child Guidance Clinics have already been established and are being maintained by the cities they serve, not merely to rescue children seemingly destined for criminal careers, but for the benefit of all children of unstable nervous or mental make-up.

¶ Every person who learns how to regard mental disorders as he does other diseases contributes directly to the success of the campaign for prevention. One of the chief objects of The National Committee for Mental Hygiene is to bring about a rational attitude toward disorders of the mind. This means teaching people to recognize early the warning symptoms of mental disease. It means also the establishment of mental clinics and other mental health centers to which people will feel impelled

and be willing to go without delay for advice and treatment. When the National Committee began its work twenty years ago there were very few mental clinics of any kind. Today there are nearly 500 such clinics, but hundreds more are needed.

¶ It is hoped that everyone in a position to do so will contribute toward the support of the pioneer National Committee for Mental Hygiene and thus make it possible to develop its work in keeping with the ever-increasing needs and demands.

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MENTAL HYGIENE, published quarterly as the official organ of the National Committee for Mental Hygiene, a periodical devoted to the study and interpretation of human behavior. Deals specifically with the prevention and control of nervous and mental disorders and with the mental health factors in education, law, industry, public health work and social work.....Price **$3.00** per year
$.75 per single copy

MENTAL HYGIENE BULLETIN, a six-page news sheet, published monthly, with the exception of July and August. Price **$1.00** per year
Subscribers to Mental Hygiene will receive the Bulletin free of charge.

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Issued monthly (except during July and August) to keep the public informed of activities in the ever-widening field of mental hygiene.

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Bibliographies

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196 A selected list of books on mental hygiene and allied subjects, N.C.M.H., 1921, by Frankwood E. Williams, M.D.

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— Some phases of the mental hygiene movement and the scope of the work of the National Committee for Mental Hygiene, by Lewellys F. Barker, M.D., N.C.M.H., 1912.

— The mental hygiene movement; A brochure relating to the origin, objects and growth of the movement, nationally and internationally; with directory of agencies and personnel of affiliated organizations for mental hygiene, by Clifford W. Beers **25c**

147 Some aspects of mental hygiene, by E. Farquhar Buzzard, M.D., N.C.M.H., 1922.

— Community organization for mental hygiene, by Owen Copp, M.D. Reprint of report and address at the National Conference of Social Work, 1927.

41 The right to marry; what can a democratic civilization do about heredity and child welfare? by Adolf Meyer, M.D., N.C.M.H., 1919.

210 Individualism and the organization of neuropsychiatric work in the community, by Adolf Meyer, M.D., N.C.M.H., 1925.

32 Community responsibilities in the treatment of mental disorders, by William L. Russell, M.D., N.C.M.H., 1918.

— Psychiatric lessons from the war, by Thomas W. Salmon, M.D., reprint from Transactions of the American neurological association, 1919.

162 Some aspects of animal mechanisms, by Sir Charles S. Sherrington, M.D., N.C.M.H., 1923.

114 The possibilities of a state society for mental hygiene, by H. Douglas Singer, M.D., N.C.M.H., 1921.

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4 Underlying concepts in mental hygiene, by William A. White, M.D., N.C.M.H., 1917.

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— Community responsibility in mental hygiene, by Frankwood E. Williams, M.D. Reprint from American review, January, 1923.

— Mental hygiene: An attempt at a definition, by Frankwood E. Williams, M.D., N.C.M.H., 1927.

— Nervous and mental diseases as a problem in public health, by Frankwood E. Williams, M.D. Reprint from Modern medicine, November, 1919.

— The rôle of the public health nurse in community mental hygiene, by Frankwood E. Williams, M.D. Reprint from American Journal of Public Health, July, 1927.

— Twenty years of mental hygiene, by C. E. A. Winslow, N.C.M.H., 1928.

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— Adaptation difficulties in college students, by Karl A. Menninger, M.D., N.C.M.H., 1927.

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† For additional articles on Mental Hygiene Problems of School Children, see section on "Childhood" on page 37.

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— Psychiatry and its relation to the teaching of medicine, by Frankwood E. Williams, M.D. Reprint from American Journal of Psychiatry, 1927.

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191 13.77 versus 12.05; a study in probable error. A critical discussion of "A Study of American Intelligence," by Carl C. Bingham. M. B. Hexter and Abraham Myerson, M.D., N.C.M.H., 1924.

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141 Nervousness: its cause and prevention, by Austen Fox Riggs, M.D., N.C.M.H., 1922.

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*Reprint No.

130 Suicide in Massachusetts, by Albert Warren Stearns, M.D., N.C.M.H., 1921.

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Psychoanalysis

— Man and his cures: and other reviews. Coués past and present, by George Draper. Reprinted from the New Republic, Psychoanalytic review and Mental hygiene, 1923.

193 A critique of psychoanalysis, by A. Kardiner, M.D., Review of problems in dynamic psychology, by John T. MacCurdy, M.D., Book review supplement of Mental hygiene, January, 1924.

168 Psychoanalysis and the school, by H. Crichton Miller, M.D., N.C.M.H., 1923.

— Mental mechanisms, by George W. Mills, M.D., N.C.M.H., 1920.

190 The growth of psychotherapy and the evolution of psychoanalysis, by Albert Polon, M.D., N.C.M.H., 1924.

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Mental Hygiene and Industry

117 Mental hygiene in industry, by C. Macfie Campbell, M.D., N.C.M.H., 1921.

— Applications of psychiatry to industrial hygiene by Stanley Cobb, M.D. Reprint from Journal of industrial hygiene, November, 1919.

118 Has mental hygiene a practical use in industry? by Boyd Fisher, N.C.M.H., 1924.

*Reprint No.

88 Mental hygiene of industry, by Mary C. Jarrett, N.C.M.H., 1920.

— The practical value of mental hygiene in industry, by Mary C. Jarrett, Reprint from Hospital social service, May, 1921.

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Directory of Psychiatric Clinics for Children in the United States, Commonwealth Fund, Division of Publications, 1928 . . **$ .75**

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* The Division on Community Clinics, of The National Committee for Mental Hygiene, will furnish additional material to organizations and groups contemplating the development of a child guidance clinic.

*Reprint No.

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— Principles of mental hygiene applied to the management of children predisposed to nervousness, by Lewellys F. Barker, M.D., N.C.M.H., 1911.

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‡ See section on Mental Defect for articles pertaining to backward children. See also section on Delinquency.

*Reprint No.

— The psychiatric examination of a child, prepared by the Division on Prevention of Delinquency of the National Committee for Mental Hygiene. Reprinted from State hospital quarterly, August, 1925. Also N.C.M.H., 1926.

— The child guidance clinic, by E. Van Norman Emery, M.D. Read at the California Conference of Social Work, May, 1925.

212 Personality deviations and their relation to the home, by Sybil Foster, N.C.M.H., 1925.

— Mental hygiene and the parasite—How habits are formed from earliest infancy through pre-school years, by Margaret J. Hamilton, N.C.M.H., January, 1921.

85 Mental disorder in adolescence, by Milton A. Harrington, M.D., N.C.M.H., 1920.

— School problems in behavior; contributions to a psychological study of character, by Eleanor Hope Johnson, published by Hartford School of Religious Education..... $1.00

— Mental health in childhood, by Marion E. Kenworthy, M.D., N.C.M.H., 1926.

128 Extra-medical service in the management of misconduct problems in children, by Marion E. Kenworthy, M.D., N.C.M.H., 1921.

— A child guidance clinic. Its purposes and methods of service, by Lawson G. Lowrey, M.D., N.C.M.H., 1924.

— Competitions and the conflict over difference—The "Inferiority Complex" in the psychopathology of childhood, by Lawson G. Lowrey, M.D., N.C.M.H., April, 1928.

— Schoolroom hazards to the mental health of children, by Garry Cleveland Myers, N.C.M.H., 1928.

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— The effects on the child of an unstable home situation, by Frederika Neumann, N.C.M.H., 1928.

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116 The rôle of situation in psychopathological conditions, by Esther Loring Richards, M.D., N.C.M.H., 1921.

163 The significance and management of hypochondriacal trends in children, by Esther Loring Richards, M.D., N.C.M.H., 1923.

80 Some adaptive difficulties found in school children, by Esther Loring Richards, M.D., N.C.M.H., 1923.

129 Mental hygiene problems of normal adolescence, by Jessie Taft, N.C.M.H., 1921.

— Some undesirable habits and suggestions as to treatment, by Jessie Taft, written for Bureau of Children, Pennsylvania Department of Public Welfare, 1922.

*Reprint No.

181 The relation of the school to the mental health of the average child, by Jessie Taft, N.C.M.H., 1923.

154 The child and the home; an extract from a survey of mental health conditions in a metropolitan district, by Marianna Taylor, M.D., N.C.M.H., 1922.

148 Habit clinics for children of the pre-school age, by Douglas A. Thom, M.D., N.C.M.H., 1923.

180 The place of mental hygiene in the schools, by Walter L. Treadway, M.D., N.C.M.H., 1923.

81 Childhood; the golden period for mental hygiene, by W. A. White, M.D., N.C.M.H., 1920.

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— Laziness in school children, by Ira S. Wile, M.D., N.C.M.H., 1922.

— Can youth be coerced? by Frankwood E. Williams, M.D. Reprinted from Mental hygiene of normal children, 1927.

— Enuresis as a psychological problem, by Helen T. Woolley, N.C.M.H., 1926.

† MENTAL DISEASE (Insanity)

— Statistical manual for the use of hospitals for mental disease. 4th edition revised. Bureau of statistics, N.C.M.H., 1927. **25c**

— Summaries of state laws relating to the insane, prepared by John Koren, revised by S. W. Hamilton, M.D., and Roy Haber, N.C.M.H., 1917 . . . . . **$1.00**

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— War's big lesson in mental and nervous diseases, by Pearce Bailey, M.D. Reprint from New York Times, September, 1919.

27 Barriers to the treatment of mental patients, by Owen Copp, M.D., N.C.M.H., 1918.

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208 Types and characteristics of drug addicts, by Lawrence Kolb, M.D., N.C.M.H., 1925.

— Studies in focal infection; its presence and elimination in the functional psychoses, by Nicholas Kopeloff and Clarence O. Cheney, M.D. Reprint from American journal of psychiatry, October, 1922.

— War neuroses, by John T. MacCurdy, M.D., reprint from Psychiatric bulletin, July, 1917.

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† See also section on Statistics and section on Surveys. For more detailed statistics relating to the state hospitals for the insane, address the Department of Information and Statistics, N.C.M.H.

*Reprint No.

197 Prohibition and alcoholic mental disease, by Horatio M. Pollock and Edith M. Furbush, N.C.M.H., 1924.

98 Influence of war upon concepts of mental diseases and neuroses, by Sidney Schwab, M.D., N.C.M.H., 1920.

198 A plea for greater frankness in dealing with those who are mentally sick, by Ransom H. Sartwell, M.D., N.C.M.H., 1924.

— What shall be the attitude of the public toward the recovered insane patient? by Harry C. Solomon, M.D. Boston; Massachusetts society for mental hygiene, 1916.

— Mental pitfalls of adolescence—A study in dementia precox, by Henry R. Stedman, M.D. Reprinted from the Boston medical and surgical journal, November, 1916.

— The psychological conception of mental disease, by Edward A. Strecker, M.D., N.C.M.H., 1928.

139 The patient and his attitude toward his neurosis, by Douglas A. Thom, M.D., N.C.M.H., 1922.

— Relation of alcohol and syphilis to mental hygiene, by Frankwood E. Williams, M.D., Boston; Massachusetts society for mental hygiene, 1916.

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— Backward and defective children, by Pearce Bailey, M.D., New York state commission for mental defectives, 1921.

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94	Mental deficiency; its frequency and characteristics in the United States as determined by the examination of recruits, by Pearce Bailey, M.D., and Roy Haber, N.C.M.H., 1920.
133	State care, education, and training of mental defectives, by Pearce Bailey, M.D., N.C.M.H., 1922.
175	Colony and parole care for dependents and defectives, by Charles Bernstein, M.D., N.C.M.H., 1923.
—	After-care study of the patients discharged from Waverley for a period of twenty-five years, by Walter E. Fernald, M.D., reprinted from Ungraded, November, 1919.
202	Feeblemindedness, by Walter E. Fernald, M.D., N.C.M.H., 1924.
96	An out-patient clinic in connection with a state institution for the feebleminded, by Walter E. Fernald, M.D., N.C.M.H., 1920.
—	The salvage of the backward child, by Walter E. Fernald, M.D., Reprinted from Boston medical and surgical journal, August, 1923.
8	Standardized fields of inquiry for clinical studies of borderline defectives, by Walter E. Fernald, M.D., N.C.M.H., 1917.
62	State program for the care of the mentally defective, by Walter E. Fernald, M.D., N.C.M.H., 1919.
—	What is practicable in the way of prevention of mental defect, by Walter E. Fernald, M.D. Boston; Massachusetts society for mental hygiene, 1916.
187	Histories of 79 feebleminded girls under supervision in the community, by Elizabeth Greene, N.C.M.H., 1923.
—	Mental defect and poverty, by Thomas H. Haines, M.D. Reprinted from 1925 Proceedings of the American Association for the Study of the Feeble-minded.
200	Special training facilities for mentally handicapped children in the public day schools of the U. S., 1922–23, by Thomas H. Haines, M.D., N.C.M.H., 1924.
209	State laws relating to special classes for mentally handicapped children, by Thomas H. Haines, M.D., N.C.M.H., 1925.
—	Understanding the feebleminded, by Thomas H. Haines, M.D. Reprinted from 1925 Proceedings of the American Association for the Study of the Feeble-minded.
173	Some community aspects of feeblemindedness, by Gordon Hamilton, N.C.M.H., 1923.
176	More community aspects of feeblemindedness, by Gordon Hamilton, N.C.M.H., 1923.
—	Salvage of the feebleminded, by Francis N. Maxfield. Reprinted from the American review, May–June, 1924.
150	Personality in the mental defective with a method for its evaluation, by Howard W. Potter, M.D., N.C.M.H., 1922.
7	What the state hospital can do in mental hygiene, by William L. Russell, M.D., N.C.M.H., 1920.
—	Supervision of the feebleminded in the community, by Jessie Taft. Reprint from Proceedings of the national conference of social work, 1918.

* Reprint No.

— Type of feebleminded who can be cared for in the community. George N. Wallace, M.D. Reprint from Ungraded, February, 1917.

‡ HOSPITALS AND CLINICS

123 The state psychopathic hospital, by Albert M. Barrett, M.D., N.C.M.H., 1921.

— Out-patient clinics for mental and nervous diseases in the United States, by C. J. D'Alton, M.D., N.C.M.H.

— List of floor plans of mental hospitals and training schools, prepared by the Division on Hospital Service, National Committee for Mental Hygiene, 1925.

174 The use of a traveling clinic in a scheme for the neuropsychiatric examination of school children, by Franklin G. Ebaugh, M.D., N.C.M.H., 1923.

149 The inauguration of a state-wide public school mental clinic in Massachusetts, by Walter E. Fernald, M.D., N.C.M.H., July, 1922.

— Standard neuropsychiatric veterans hospital, by S. W. Hamilton, M.D., N.C.M.H., 1925.

124 Records and statistics in occupational therapy, by Horatio M. Pollock, N.C.M.H., 1921.

— Functions of a psychopathic hospital, by E. E. Southard, M.D. Reprinted from Canadian journal of mental hygiene, 1919.

157 Results and future opportunities in the field of clinics, social service and parole, by Douglas A. Thom, M.D., N.C.M.H., 1922.

— Psychopathic hospitals and prophylaxis, by Frankwood E. Williams, M.D. Boston; Massachusetts society for mental hygiene, 1915.

97 Public school clinics in connection with a state school for the feebleminded, by Edith E. Woodill, M.D., N.C.M.H., 1920.

SOCIAL SERVICE

143 A social service department in a state hospital, by Marie L. Donohoe, N.C.M.H., 1922.

— After-care of mental patients, by Henry P. Frost, M.D. Boston; Massachusetts society for mental hygiene, 1916.

— Bearings of psychology on social case work, by William Healy, M.D. Reprint 96 from reports and addresses of the National conference of social work, 1917.

— Further notes on the economic side of psychopathic social service, by Mary C. Jarrett. Reprint from Boston medical and surgical journal, 1914.

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SURVEYS AND REPORTS

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Cincinnati, Ohio. A five year mental hygiene program for Cincinnati, by V. V. Anderson, M.D., N.C.M.H., 1923.

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Texas. Report of the Texas mental hygiene survey of 1924. Part I, Preliminary Report. Part II, Psychiatric study of children in the public schools and in state and county institutions and of persons in county jails and poor farms. Part III, Study of mental hospitals, 1925.

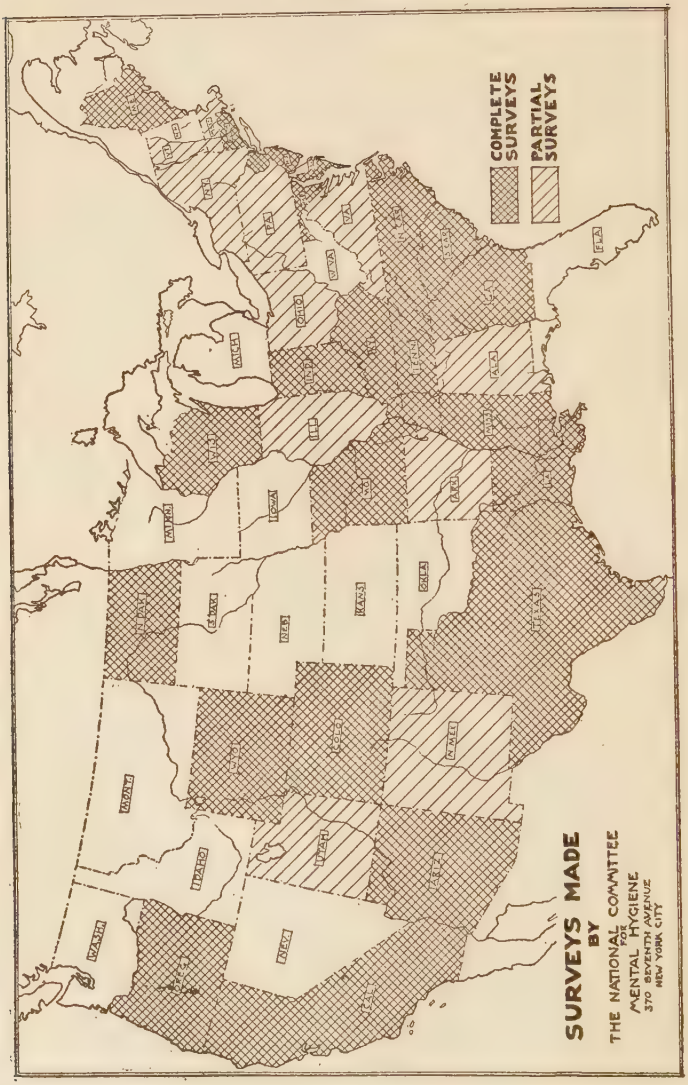
Wisconsin. Report of the Wisconsin mental deficiency survey with recommendations, by V. V. Anderson, N.C.M.H., 1921.

SURVEYS

THE map on the following page shows the states in which complete or partial surveys of the care and treatment of the insane, feebleminded and epileptic, including special studies of mental hygiene needs and resources, have been made by The National Committee for Mental Hygiene since 1912, when its active work began under the direction of the late Dr. Thomas W. Salmon, who served for three years as Director of Special Studies and as Medical Director from 1915 until 1922, when he resigned to become Professor of Psychiatry at Columbia University.

As a result of these surveys, conditions and methods of treatment in the special institutions studied have been raised to a high standard in many states and markedly improved in all. In this brochure, it is not possible to go into detail regarding these surveys which, fortunately for the National Committee and for the public, were liberally financed by the Rockefeller Foundation. Since many persons, however, are not familiar with the way in which surveys were brought about in the early stages of the work, a report written by Dr. Salmon, considered by many to be the best brief plea ever made in behalf of the insane, is herewith presented in full.* As the reader will discover, it is more than a

* Published in *Mental Hygiene,* Vol. I, pp. 25–33, January, 1917.


COMPLETE SURVEYS
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report. It is a classic of its kind, deserving of preservation in the annals of the work, not only for the benefit of the cause itself but as a fitting, though inadequate memorial,† to the man who laid the basis for the success since attained, through ten years of unselfish and distinguished service to The National Committee for Mental Hygiene.

† An appropriate memorial to Dr. Salmon is being created by a group of his friends and admirers in the form of an endowed, annual lectureship on psychiatry and mental hygiene. An endowment fund of $100,000 is being raised. This will be held and administered by the New York Academy of Medicine. These lectures, later to be distributed in printed form, will probably begin in 1930.

THE INSANE IN A COUNTY POOR FARM

Thomas W. Salmon, M.D.
Medical Director, The National Committee for Mental Hygiene

IT would be difficult to find, in all this wide land, a country more prosperous, more typically American or pleasanter to live in than Grayson County. This county contains few cities—the most populous has only 10,000 people—but a large rural population is supported in comfort by the fertile soil. All but two per cent of the population are native-born and there is a much smaller proportion of negroes than in the state as a whole. Most of the wealth

produced by the abundant crops of cotton, corn and cane is reinvested in the county so that today its taxable property is assessed at more than $45,000,000.

Four miles west of the county seat is the Poor Farm. As you enter the grounds you come first to a two-story brick building, recently constructed at a cost of $20,000. In it live the superintendent and those inmates who are fortunate enough to be infirm in body but not in mind. Furniture and equipment are rather scanty but there is enough to meet nearly all the simple needs of those who must depend upon the county's charity. Scattered around the main building are small, wooden structures, simple and cheap in construction and not in very good repair, but open to the yard by day and cheerfully lighted by night. For the most part they are comfortable homes for the old people, the paralytics, the feebleminded and the epileptics who live in them. This county poor farm is an unsuitable place, as all almshouses are, for the care of the feebleminded and the epileptic but, awaiting the time when the state makes provision for them, they are at least comfortably housed and protected from most of the dangers to which they would be exposed in the world outside. The nature of these afflictions seems to be more understandable to the keepers of poor farms generally than does that of insanity and, fortunately for the feebleminded and the epileptic, cruel traditions have not come out of the past to influence their

care. Such provisions are a credit to the humanity of the county. You will find few poor farms in any state very much better than this and you will find a great many that are not nearly as good.

But what of the insane, who in this great state are kept in almshouses through failure to provide the necessary accommodations in state institutions? Back from the main building, apart from the little cottages and standing grimly alone, you will see what Grayson County has provided for them. When you first see the one-story brick building, with a high, sharp-pointed, rusty, iron fence on either side of it, you are reminded of a tomb. It is a tomb, but not for the quiet dead. This tomb is for the living whose brains can still know grief and despair and can still receive impressions from suffering bodies. Coming nearer to it, you are struck by the appearance of neglect about the place, contrasting strongly with the neatness of the newer buildings. This rather picturesque neglect outside is typical of the tragic neglect of human beings which you will see within the old brick walls. When you open the door and enter the building the first impression of a tomb returns, for it is chilly—coming out of the warm October sun—and until your eyes become accustomed to the shadows you cannot quite distinguish what Grayson County has hidden here. As the outlines shape themselves distinctly you see that there is a clear space running around three sides of the one large room which forms the entire interior of the

building. In the center and across the rear end of this room are fourteen iron cages, four extending across the rear end and ten, back to back, down the center. They are made of iron bars, the backs and adjoining sides being of sheet metal. Near the top of each solid side are rows of holes about an inch in diameter. Their purpose is ventilation but they serve also to destroy what poor privacy these cages might otherwise possess. Each cage contains an iron prison cot or two swinging from the wall while a few have rickety beds upon the floor.

In these cages which are too far from the windows in the brick walls for the sunlight to enter except during the short period each day when it shines directly opposite them, abandoned to filth and unbelievable misery, lie the insane poor of this pleasant, fertile, prosperous, American county. Color, age and sex have no significance in this place. All of those distinctions which elsewhere govern the lives of human beings are merged in common degradation here. Men and women, black and white, old and young, share its horrors just alike. They are insane and, with the dreadful conception of insanity which here prevails, that fact alone wipes out every consideration and every obligation except that of keeping, with food and shelter, the spark of life alight. When at dusk the shadows deepen, the creatures in this place of wretchedness cower closer in the corners of their cages, for there are no cheerful lights here as in the other buildings, and when the

darkness blots out everything, only the moans and curses of your fellow-beings in distress remind you that it is not really a tomb. The outside door is locked at night. There is no watchman to make rounds and see if there are bodily wants to be attended to. If sudden illness should come at night no welcome lantern would throw its light across the grass and if the gentle touch of death should end the sufferings of one of these poor creatures, the event would be known only by finding a still form in one of the iron cots at daybreak.

Each morning brings to the men and women here light and food—as it does to the cattle in the sheds—but it does not bring to them the slightest hope of intelligent care nor, to most of them, even the narrow liberty of the iron-fenced yard. One attendant, a cheerful young man, is employed by the county to look after the forty-odd inmates who, at the least, comprise the poor farm population. He used to be a trolley-car conductor but now he receives forty dollars a month for attending to the inmates, male and female, who cannot attend to themselves. He brings back the feebleminded when they wander off, he finds the epileptics when they fall in their attacks and he sees that all are fed. He is called the "yard man"; his duties are those of a herdsman for human beings. His predecessor, a man about sixty years of age, is serving a term in the state penitentiary for an attack upon a little girl who was an inmate of this poor farm. At his trial it was

brought out that he had served a previous term in another state for a similar offense. Had he been entrusted with the custody of the county's funds instead of its helpless wards his record would doubtless have been carefully scrutinized *before* his employment.

The present "yard man" has not the slightest knowledge of any other kind of treatment for the insane nor has he had the slightest experience in practical nursing or in caring for the mentally or physically helpless. He has been employed here about a year. He found the insane in these cages and he knows of no other way of keeping them. All but three or four remain in their cages all day, crouching on the stone floor instead of upon the green grass outside. A feeble white woman in bed, wasted and pale, who apparently has but a few months to live, was pointed out in one of the cages and the "yard man" was asked if she would run away if she were permitted to have her bed outside. He admitted that it was not likely but said that she was very weak and would fall out of bed. He was asked if it would be worse to fall out of bed on the soft grass or on the wooden floor of the main building than on the stone floor of her cage, but these matters were far outside his experience or his interests and he had no reply to make. How much more knowledge and experience would have been demanded of this young man if Grayson County had seen fit to maintain a menagerie! No one would

think of entrusting the animals to a man so wholly inexperienced in their care. This young man might be employed as an assistant but he would not be placed in charge of an animal house full of valuable specimens.

Do not make the mistake of thinking that the wretched people who are confined in these cages were selected from a much larger number of insane inmates of the Poor Farm on account of exceptional intractability or because their brains have been so dulled that they are no longer conscious of their surroundings. It is not true but, nevertheless, it might be thought by the misinformed that among a hundred insane patients a dozen might be found so profoundly reduced in all their mental faculties that such a place could make no impression whatever upon them or so uncontrollable that iron bars were needed to safeguard their attendants or their fellow-patients. These people are not a few closely imprisoned for such reasons; they constitute all the avowedly insane who are housed in the Grayson County Poor Farm. They include persons as fully appreciative as you or I of the horrors of their surroundings and of their personal degradation. In one cage is a man who has delusions which make it unsafe for him to have his liberty in the community. He has not been allowed outside his cage, not for a single hour, in three years.

This place was built twenty years ago. Perhaps the brain which planned it is now dust; neverthe-

less, its ignorant conception of the nature of mental disease still determines the kind of care which the county gives to the most unfortunate of all its helpless sick. Perhaps, too, the hands which laid these bricks and forged these iron bars are now dead; nevertheless, they still stretch out of the past and clutch the living in their cruel grasp. The conception of mental disease which gave to Grayson County this dreadful place did not even reflect the enlightenment of its own period. Eighty years earlier, Esquirol had stirred the pity of France by a recital of miseries no worse than those which you will see in this county today. Many years before this place existed, Conolly had aroused public opinion in England to such an extent that it was possible for cages such as these to exist in only the darkest corners of the land. Thirty years before this place was built, Dorothea Dix was showing the inhumanity of almshouse care of the insane in this country and members of our legislatures were profoundly stirred by her descriptions of conditions less abhorrent than those which exist in Grayson County today. Great reforms in the care of the insane have extended over the entire country since these walls were built but they have left this place untouched and it stands today, not a pathetic relic of the ignorance and inhumanity of another age and of an almost forgotten conception of diseases of the mind, but an actual, living reality reproducing, without a detail lacking, conditions which were described in

pitying terms by the writers of four centuries ago. Standing in the doorway of this place you can see evidences of the material achievements of the twentieth century; taking a single step inside you can see the suffering which the superstition, fear and ignorance of the sixteenth century imposed upon its insane.

Perhaps, in another year, the governor and the legislature of this great and wealthy state will listen to the appeals for its insane poor which have gone up from hundreds of humane people. Perhaps, next year, the governor and the legislature will find time to read the report of the condition of the insane and feebleminded which a professor in the state university made after he had personally visited the jails and the poor farms in which these unfortunate people were waiting for a summons to state institutions which never came. Perhaps the resolutions passed by the State Medical Society and by the Association of County Judges and County Commissioners—bodies composed of men who day in and day out see the miseries of the uncared-for insane—will next year receive the attention of the governor and the legislature. Then, perhaps, when the public officials who are the guardians of the honor of the state become aware of the stain which they have permitted to rest upon it, a new institution and additional wards at the three existing state institutions for the insane will be provided so that all can be cared for instead of a few.

When that is done word will go out to the counties that at last the state is ready to do its full duty and that the insane need no longer drag out hopeless lives in the cages of county poor farms or in the cells of county jails. The clean winds will then sweep through empty cages at the Grayson County Poor Farm and dry leaves will dance in the corners where the mothers and daughters of Grayson County men now cower in filth and fear and misery. If the old brick building is permitted to stand at all it will serve then only to start the tears of those who see it and remember the long years during which a great and prosperous state was content to permit sick human beings to remain in such a place. If these things are accomplished, the insane of the next generation will never know what it is to be caged like wild beasts, for throughout the state all those who suffer from mental diseases—rich and poor alike — will be treated in hospitals just as those with other diseases are treated. Many will recover, while kindly attention, skillfully directed occupation and cheerful, comfortable surroundings will ameliorate the lot of those for whom recovery is impossible.

But what of the trembling creatures who will come out of the darkness and filth of these cells and cages and of places like them into the light of the state hospitals? Is it still possible to make reparation for the neglect and cruelty which they have suffered? Can a man or a woman be caged for years

like a captive animal and still react to gentleness and kindness? For some, the progress of their disease alone, without the aid of man's inhumanity, has made recovery impossible, but there are others in the cages at the Grayson County Poor Farm who would react to the new environment and gain a fair measure of happiness and contentment. It is not impossible that some would recover or improve sufficiently to return to their homes. Such a happy transformation in care would not be an untried experiment. State after state has wisely and humanely made provisions for all its insane and passed laws making it illegal to deny proper care and treatment to any insane person. In 1869, more than twenty-five years before the place in Grayson County was built, a great state hospital was opened for the sole purpose of caring for the "chronic" insane. There are those still living who saw the pathetic company which came out of the dark cells of the almshouses into the pleasant wards of this institution. They came—as the insane poor of this state would come today—in filth and rags, some of them bearing on their wrists and ankles the shameful marks of handcuffs and leg-irons. Out of the hundreds who within a few months passed from utter neglect into humane and skillful care, some recovered and went back to homes in which they had been almost forgotten. Others, under patient instruction and kindly encouragement, took up again household and farm tasks which they had laid

down long ago and lived many years of contentment in a new world where safeguards were thrown about them and their damaged minds understood.

It is not enough to appropriate the money needed to provide a number of new beds in the state institutions sufficient to accommodate those who now lie in the jails and poor farms and to amend the cruel commitment laws of the state. The causes of mental disease are in constant operation and, during the coming year, not less than 1,000 new patients will require treatment. Many hundreds of others will still be kept at home, to the serious detriment of themselves, their families and the communities, through survival of the dread of taking the steps for admission which the existing commitment laws require. A strong, wise and humane policy of dealing with insanity must, therefore, be adopted by the state. Every insane person in the state must continuously receive the protection of its powerful arm and this protection must reach to the most remote corners.

Perhaps the time has not yet come when the governor and the legislature will turn their attention to this question—the one which more deeply affects the honor of the state than any which is before them. Perhaps still another legislature will temporize with this solemn obligation. If such be the case, the issue should not be obscured. The governor and the legislature by their failure to provide the accommodations needed in the state hos-

pitals and to secure the enactment of the laws necessary to reform the cruel process of commitment will say, in effect, to the citizens of the state and to the citizens of other states who, attracted by its opportunities, are considering making their home there: "Our attention has been called repeatedly to the sufferings of the insane in the poor farms of the state. We have had brought to our notice the hardships which our commitment laws imposed upon men and women who have done no wrong but have developed diseases of the brain. We have been shown their appalling condition in the county jails where, during the early period of their illness when the chances for recovery with proper treatment are greatest, they are locked up in cells with criminals and denied skilled care, nursing and even physical protection. We are aware that if our people are fortunate enough to be able to pay the cost of treatment in a private sanitarium, it is not necessary to prefer the charge of insanity against them, arrest them, take them to jail or try them. We realize that such a distinction in the legal procedure is undemocratic and is abhorrent to the sense of justice of our people. We know that fear of the harsh treatment which the insane receive and of the criminal procedure which must be employed to bring them under the care of the state institutions keeps hundreds in their homes—dissipating their chances of recovery and imposing a heavy burden upon their families. We know that there is a strong sentiment in the

state for reform in these matters. *We propose, nevertheless, to do nothing about it.*"

This state is calling for settlers. The advantages of its rich soil, its great undeveloped resources and its extensive transportation facilities are being set forth in circulars and advertisements which are sent broadcast over the country. Chambers of commerce in Grayson County and in other counties of the state advertise the advantages to young married couples of settling in those places. There should be added to such circulars these words: "However, we must warn you that this state does not undertake to provide treatment for her insane. If the young wife by your side has a baby and during her confinement the delicate mechanism of her brain is injured and she becomes insane, we will have her charged with insanity, send the sheriff to arrest her and we will lock her up in jail. If there is no room for her in a state hospital we will, after her conviction, put her in an iron cage in the county poor farm and if no vacancy occurs in the state institution we will keep here there, without care or nursing. If, while waiting for a vacancy, her condition becomes 'chronic' we will keep her in this cage until she dies, for preference for admissions has to be given 'acute' cases. If, on the other hand, you and she grow old together and by some mischance the changes which accompany advancing age affect the brain of either of you, instead of any other organ, so that insanity develops, we will arrest you, lock you up in jail until you are convicted and keep you there or in a

cage at the county poor farm until you die. Other measures have been proposed in this state but, after mature deliberation and with full knowledge, the governor and the legislature have decided to continue the existing policy."

No one can believe that the present humane governor and the legislature of this great state will take any such position as this. They hold their offices, after all, only to do the bidding of the people and there can be no doubt in the mind of any one who is familiar with the history of this enlightened state that, once the real truth about the neglect of the insane is realized and the simple remedy made known, the hearts of the people will be touched and their wishes in the matter will be communicated to the governor and to the legislature in no uncertain terms.

For that governor who lends his powerful aid to the liberation of the insane from the county jails and poor farms of his state and to the enactment of laws which will forever make it impossible to keep the insane poor in such shameful confinement again, there is reserved a place in the esteem of his fellowmen which the greatest would have been proud to fill. For the members of that legislature which makes the provisions required and enacts such laws, there is the reward of knowing that no men who have sat in the state capitol ever performed a duty more creditable to their hearts and to their manhood or to the chivalry of the great American commonwealth which it was their honor to serve.

THE PROBLEM OF MENTAL DEFECT

SEVERAL surveys of the care and treatment of the feebleminded have been made by The National Committee for Mental Hygiene. This important work was begun under the general direction of the late Dr. Walter E. Fernald, Superintendent of the Massachusetts School for the Feebleminded at Waverley (since named, in his memory, the Walter E. Fernald State School). For many years Dr. Fernald served as a member of the Executive Committee of the National Committee and as Chairman of its Committee on Mental Deficiency. When he became actively interested in the work of the National Committee, in 1914, there were dangerous trends in this special field and it was largely through his efforts that the work in behalf of the feebleminded was put on a sound basis.

For historical reasons and also because the principles he so successfully advocated are still influencing this phase of mental hygiene work, passages from one of his most important contributions on the subject of the mentally defective are herewith presented.

STANDARDIZED FIELDS OF INQUIRY FOR CLINICAL STUDIES OF BORDERLINE DEFECTIVES*

WALTER E. FERNALD, M.D.

Superintendent, Massachusetts School for the Feebleminded, Waverley

THIS paper is an elaboration and demonstration of a paper read before this society four years ago, entitled "The Diagnosis of the Higher Grades of Mental Defect". The writer then deprecated the popular tendency to consider mental defect, especially in the so-called borderline types, as a definite homogeneous entity and emphasized the fact that the various signs and symptoms may be found in varying degrees and proportions in different cases.

In the former paper it was stated: "From a clinical point of view the borderline case of the 'moron' grade differs from the case of actual imbecility quantitatively rather than qualitatively. Even in cases with very slight mental defect, some of the cardinal symptoms and conditions of imbecility are usually found in lesser degree. There are generally evidences of physical inferiority, certain physical stigmata of degeneracy and defective muscular coördination. There is usually a history of delayed dentition, late walking, delayed

* Published in *Mental Hygiene,* Vol. I, No. 2, pp. 211–234, April, 1917.

speech, and relatively long continuance of untidy habits. The patient lacks the expression or appearance of normal mentality. There is frequently a history of mental defect or mental disease in the family. Unmoral and anti-social tendencies are often present. There is a history of school retardation and poor scholastic ability on examination, with special difficulty in arithmetical and practical computations, and lack of general knowledge and information. The patient is unable to apply himself continuously in any one direction, and is willing to risk severe penalties for some very small gain. His actions and conduct indicate a lack of good common sense.

"An accurate and incontestable diagnosis of one of these borderline cases can be made satisfactorily only after a thorough physical examination of the patient, knowledge of the family history, personal history, especially the story of his infancy and early childhood, school history and records, social and moral reactions, sex habits, emotional stability, associates, interests, and the fullest inquiry as to his general information and practical knowledge."

The paper mentioned suggested general lines of investigation to be followed in each of the above fields, and in any other field likely to throw light on the case, and deprecated the use of routine formal syllabi for examination and record.

Since that paper was written, over 1,500 individuals have been presented for diagnosis as to the

presence or absence of mental defect at the out-patient clinics of the Massachusetts School for the Feebleminded, and in several institutional and community surveys under the direction of the writer.

This increase in the number of cases examined soon made it apparent that the varied sorts of information required must be obtained primarily by different members of the staff, and that some properly qualified person should analyze and evaluate the assembled facts concerning each human problem. It likewise became evident that the described method of examination and inquiry should be codified and standardized. The study of the records of many cases showed that the significant signs and symptoms of mental defect in practically every case could be assembled in certain consistent groups. The following ten "Fields of Inquiry" were finally decided upon as furnishing a working basis for individual case study:

1. Physical examination.
2. Family history.
3. Personal and developmental history.
4. School progress.
5. Examination in school work.
6. Practical knowledge and general information.
7. Social history and reactions.
8. Economic efficiency.
9. Moral reactions.
10. Mental examination.

A special syllabus for each field of inquiry has been developed which indicates the general line of investigation to be followed and provides for the recording of the facts obtained.

The various items of information are obtained from many sources. The physician makes the physical examination. The family and personal histories are obtained from the relatives, the family physician, the social worker, the clergyman, and others. The report of school progress is obtained from the teacher or the school records. The pedagogical examination is made on the spot with school books, paper and pencil. Practical knowledge is also tested on the spot by appropriate questions. The social history and reactions, economic efficiency, and moral reactions are evolved from the general history furnished or by direct questioning of the friends or social worker. The intelligence tests are made by the psychologist in the laboratory. The final diagnosis is simplified and clarified by the graphic presentation, on one page of a synopsis, of the significant positive and negative findings in each field of inquiry. This assembling and condensing of the really important data permits a visual evaluation by plus and minus signs of the evidence in each field of inquiry, which is strikingly cumulative and convincing, either for or against a diagnosis of mental defect.

In weighing the evidence in the various fields of inquiry, we attempted at first to use the plus sign

of evaluation for the findings which tended to indicate mental defect but this practice led to confusion, although it was in accord with the usual custom in reporting a history, confirming an abnormal condition as positive. Exact mathematical practice, however, tends to refute this usage, and gives the plus and minus signs a meaning entirely opposite. A plus condition, even to a person who knows little of mathematics, means a condition in which there is a superabundance of the thing considered, while minus means want, poverty, a lack, whether we consider brains or income. Psychologically, also, we are justified in using the plus rather than the minus, for the plus sign emphasizes the fact that we are looking at things from the standpoint of the patient rather than from the standpoint of the cold-blooded scientist, who might be supposed to delight in finding evidences of the condition that he is to diagnose.

Each bit of evidence is presented not only in its proper field but in relation to the evidence in other fields of inquiry. Our legal friends have long known the potency of the plan of presenting piece after piece of evidence, each not especially important by itself, but the articulated sum of which builds up a case convincing to the most sceptical judge or jury. Our synopsis of significant findings, with its plus and minus evaluation in each field, is perhaps more nearly the equivalent of the charge of the judge to the jury, summing up the significant pros and cons culled from a great mass of testimony. It is the

same principle as that used in psychological experiments, where the summation of stimuli, each too slight to be perceived, nevertheless brings a maximal reaction.

The tenth field of inquiry, or the psychological examination, should not be interpreted as meaning merely the application of some one of the accepted intelligence tests and the use of the resultant mental age as final. We use such an examination to begin with and then, from the findings thus gathered, we have points of departure for further lines of intensive examination of processes which seem abnormal. The final evaluation in this field is a summing up of all such test results with especial emphasis on the behavior of and method of procedure of the child while doing the tests.

Patients are brought to our clinics for diagnosis, prognosis and suggestions for training and education. While the physicians, social workers, teachers, court officials, and others who send these patients evidently have some faith in the opinions that they are to receive, they are not content with a mere statement of the patient's mental age, measured or expressed by any existing system of intelligence tests. Indeed, no single symbol like the Binet mental age or any other arbitrary coefficient or formula can adequately express or represent the entire mental and intellectual status of an individual. Instead of being represented by a single symbol or by the sum total of the varying degrees

of ability in certain directions, the mental and intellectual capacity of a given defective could be more correctly expressed by a formula like an algebraic equation, including the additions and deductions representing his various reactions, capacities and deficiencies.

The writer once assembled in a room 252 individuals with a mental age of 8 years. The individuals in this group varied in physical age from twelve to fifty years. Some of them had learned to read, while others had not been able to do so. Some were capable of elementary computations, while others found the simplest concept of number almost beyond their capacity. We had been able to develop some of them to become fairly expert mechanics, but others were able to do only the simplest sort of manual labor. Some were conscientious and relatively trustworthy; others were most untruthful, dishonest and unmoral. In some sex proclivities seemed to be the dominant interest, while in others the sex interest seemed to be entirely normal. This variability shows that a measurable intellectual level is not the only factor in the study of the feeble-minded and in the working out of the type of care and training that they need.

These variations would be understood if we should examine the brains of a group of cases with 8-year mentality. We should find that the structural lesions of the central nervous system which cause the mental defect vary as greatly as the behavior

characteristics of the group. In certain cases we should find "naked-eye" lesions caused by actual traumatism or as a result of faulty development, and in others the only lesions discoverable would be minute alterations in the ultimate structural elements, visible only with the microscope. The location of these lesions, both gross and microscopical, has also infinite variability, and consequently varying effect upon the mentality of the patient.

We have found that the evaluated synopsis of findings in the different fields of inquiry is very convincing to the friends of the patient, to his legal guardians, and to the courts. It is an easily understood way of enumerating the evidence of his defect. . . .

In cases which are not mentally defective the synopsis of findings in the fields of inquiry is usually equally significant and consistent. If a patient has a normal mind, his personal history, history of school progress, examination in school work, practical knowledge, etc., are those of a normal person. Social history and reactions, and moral reactions are constantly modified by environmental influences, and if deficiencies are found in these fields only, careful inquiry should be made as to whether they are not due to causes other than that of inherent lack of mental capacity.

The clinical psychologists are apt to be sceptical as to the value, as a means of diagnosis, of mere knowledge of the feebleminded as a class, and of

experience gained in associating with them and in studying them in their daily lives, on the theory that such experience is based upon empirical knowledge of a group of individuals who have already been diagnosed as feebleminded by other workers. Indeed, there is a very definite tendency on the part of the clinical psychologist to regard lightly the psychiatrical, pedagogical and behavioristic manifestations, and to regard laboratory tests as quite sufficient to settle the mental status of presumably feebleminded persons.

Certain recent prison and reformatory surveys have graphically illustrated this tendency. In a certain survey of the population of a reformatory for boys, the examiner found 84 per cent of the inmates to be feebleminded. In an industrial school, 97 per cent of the girls were declared to be feebleminded, and 3 per cent backward; while 76 per cent of the boys were declared to be feebleminded and 21 per cent backward.

Not long ago a girl of 13 was referred to the writer, accompanied by a clinical psychologist. The psychologist strongly objected to having the writer see the case, saying that it was one for psychological diagnosis only. Her findings were that this girl of 13 had a mental age of 8 years; that she was a case of ordinary mental defect. A course of training and education had been laid out and a definite prognosis given. Clinical investigation showed that this girl of 13 had shown no signs of mental defect or dis-

turbance until she was 12 years old, when she became confused, depressed and unable to carry on her school work. She was evidently suffering from an acute psychosis, and was not feebleminded. The diagnosis, prognosis and treatment were not correct. In this case, at least, the laboratory findings did not distinguish between feeblemindedness and dementia praecox. The personal history, the pedagogical history, the time of the onset, the clinical symptoms, etc., were unmistakable in their significance.

As a matter of fact, the qualitative significance of faulty memory, visual perception, learning capacity, associative memory, are expressed as definitely in concrete terms in developmental history, school progress and pedagogical measurements, social reactions, economic viability, and ethical reactions, as in the abstract findings of the psychological laboratory. In the present state of our knowledge, the behavioristic interpretation and evaluation of the anthropological and pedagogical expressions of the individual, his practical capacity for social adaptation and for meeting new situations, his power of ethical inhibition and control, his affective balance, are also as truly scientific as the result of the formal intelligence tests.

This is written with a full appreciation of the inestimable value of the contributions of clinical psychology to the means of diagnosis of mental defect. The writer would not willingly attempt to diagnose a borderline case of mental defect, or any

other degree of defect, for that matter, without a thorough psychological examination. But in these borderline cases the psychological findings do not show sufficient deviations from norms in the mental processes of the subjects to be pathognomonic in the sense of a positive Wassermann or a positive Klebs-Loeffler finding. The intelligence test findings in these cases are of value as additional evidence, but they are not conclusive and should be correlated with sufficient evidence in the other possible fields of inquiry. . . .

In many cities with special public school classes for the feebleminded, the diagnosis of mental defect in young children, with resulting exclusion from the regular public school classes and inclusion in the special classes, is based upon the findings of a mental tester, with no further certification of mental defect by a psychiatrist, or even by a practicing physician. Such procedure is most unfair to the unfortunate children and must lead to grave mistakes in diagnosis. It is only too true that a diagnosis of feeblemindedness once made is very apt to follow an individual through life, and such diagnosis closes the door of all but the most meagre opportunities for advancement.

This paper is a brief for the necessity of weighing all the evidence which any reputable method of examination can furnish before a person is pronounced feebleminded, especially if the case is of the borderline type. Among the 860 cases presented

for diagnosis in this group as presumably feebleminded, there were morons, imbeciles, idiots, mongolians, cretins, spastic defectives, criminalistic defectives, cases of various forms of mental disease rather than defect, epileptics with and without mental defect or disease, persons not feebleminded, and a considerable group where further observation was needed before a diagnosis could be made.

It can not be too strongly emphasized that the proper weighing and final evaluation of all the signs and symptoms of mental defect in a given case presupposes a background of wide psychiatric knowledge and experience.

THE GROWTH OF CHILD GUIDANCE CLINICS *

THAT child guidance has taken its place among the well-defined social movements of our time has become increasingly evident from developments in mental-hygiene work in the past decade. A by-product of the mental-hygiene movement, child guidance, has come to command a recognition peculiarly its own and a popularity that has placed it in the forefront of that movement. To account for this one thinks of the influence of the much older child-study movement, the growth of parent-teacher organizations, our characteristic concern for the education of our children, the natural appeal of the child, a keener sense of the importance of the child to the future of the race, and other remote factors inherent in the enlightened attitude toward children that is one of the distinguishing marks of our civilization.

More directly responsible perhaps are the baffling problems of behavior that make childhood such an enigma to adults, the helpful knowledge that psychiatry and the new psychology have brought to the difficult task of training children, an increasing appreciation of the value of good health, the emphasis on prevention, the tendency to go back to childhood for a study of the beginnings of human dis-

* Editorial in the *Mental Hygiene Bulletin,* October, 1928.

orders, a recognition of the importance of character training and personality development, and numerous other considerations that have been brought to a focus in the field of mental hygiene.

The phenomenal growth of child-guidance work in the United States is impressed upon us more than ever by the new *Directory of Psychiatric Clinics for Children in the United States* just published by The Commonwealth Fund. Some 470 clinics which provide regular service to the public for the study and treatment of juvenile behavior problems in 31 states are listed, with the names of the psychiatrists directing the clinics, the auspices under which they operate, and a description of the service available in each clinic in point of time, place and personnel. The universal usefulness of the psychiatric clinic, which is the central feature of the child-guidance movement, is attested by the variety of institutions and agencies that sponsor such clinics—hospitals of all sorts, dispensaries, charity and welfare bureaus, boards of education, colleges and universities, visiting nurse associations, medical schools, community chests, foundations, courts, probation services, mental-hygiene societies, etc. Public and private organizations, parents and teachers, physicians, judges, clergymen, social workers—all have recourse to the child-guidance clinic for help in the solution of juvenile problems.

It is significant that the last five or six years—the period during which The Commonwealth Fund,

The National Committee on Visiting Teachers, and The National Committee for Mental Hygiene joined forces in the development of organized child-guidance work—should have seen the most rapid multiplication of psychiatric clinics for children. The Directory shows that more than 300 of these clinics have come into existence since 1922. In an interesting graph worked out in another connection by Dr. George S. Stevenson, Director of the Division on Community Clinics of The National Committee for Mental Hygiene, based on a study of 100 selected clinics, we find less than 200 "clinic-hours" per week represented as the sum total of child-guidance service offered by this group of clinics at that time. Today psychiatrists, psychologists and psychiatric social workers are devoting over 1,200 hours a week to work in these clinics.

More than 40,000 children with all varieties of behavior disorders and mental and nervous problems were examined and treated during the past year in all of the clinics listed in the Directory. A few years ago most of these children would have been left to chance, managed as well as possible at home, in school, or in the courts, in the hope that they would outgrow their troubles. Today parents, teachers and probation officers are bringing them to the child-guidance clinic to find out why they behave as they do, confident that something can be done to set them straight and assure their development into normal, healthy and happy individuals. Who knows

how much this new addition to the social resources of the American community may contribute to the prevention of mental disease, delinquency, crime, dependency and associated problems in the years to come?

THE CHILD GUIDANCE CLINIC

E. Van Norman Emery, M.D.

Former Director, Child Guidance Clinic, Los Angeles

Editorial Note: The following article on "The Child Guidance Clinic" is descriptive of the child guidance work developed in this country by The National Committee for Mental Hygiene, under special appropriation for the purpose given by the Commonwealth Fund. Though Dr. Emery's description of a child guidance clinic is based upon work done in Los Angeles, it gives a picture of the activities of similar clinics already brought into operation in Cleveland, Philadelphia, St. Louis, Minneapolis, St. Paul, and Dallas, as a direct result of Child Guidance Clinic Demonstrations conducted in those cities by members of the staff of The National Committee for Mental Hygiene. Through its child guidance consulting service, the National Committee has also helped establish such clinics in other cities. Information regarding ways and means of establishing Child Guidance Clinics may be obtained by writing to Dr. George S. Stevenson, the Director of the Division on Community Clinics of The National Committee for Mental Hygiene.

THE Child Guidance Clinic is a coördinated effort to apply scientific methods to the study and treatment of problem children. It is an effort to make mental hygiene available to the children who can be most benefited by it, preferably to those who are considered normal, and more especially to those who may be intellectually superior. The Clinic is

interested in the psychopathic, the delinquent, the psychoneurotic, or the psychotic child, but in the same way that the mental hygienist is interested in the insane, the feebleminded and the criminal, and in the same way that preventive medicine is interested in smallpox or diphtheria. Our aim is not to cure full-fledged diseases, but to prevent them. This is a very important distinction and is imperative to the success of this movement. It was impossible for the French to build the Panama Canal because they attempted only to cure the tropical diseases which were rampant there. The Americans, aiming at prevention, eradicated the mosquito which was causing these diseases. The success of the Americans is a miraculous achievement of preventive medicine. In the field of mental health, the same general principle, seeking causes, applies. If we are to accomplish this, we must attack the problem in its beginning.

It is impossible to enumerate all signs of maladjustment, since no two cases are alike. Each presents its own problems. The outward manifestations in the form of conduct do not always give a fair idea of the underlying difficulty. An unobtrusive child may be suffering from the most malignant conflict. Rebellion against authority may be a temporary pose or it may mean a well established paranoid attitude. The same holds true of sullenness, suspiciousness and selfishness. Inattention at school may be caused by innumerable things.

Truancy, stealing and lying are apt to be serious problems. Bad habits such as enuresis and temper tantrums may offer great difficulties when it comes to treatment. Recent scientific researches in many fields have shown methods which are proving effective in solving these problems. These methods are being used by the Child Guidance Clinic to aid the child. They are especially effective with the normal child, helping him to develop free and unhampered by handicapping conflicts; to function at full efficiency in order that his debt to society may be adequately met by attainment of his maximum productivity. By this means he gains an understanding of himself, a fair chance for personal happiness and contentment, and the power of general social adjustability and adaptability.

Every child comes into the world with certain potentialities for development inherited from his progenitors. These may be liabilities or they may be assets. All this hereditary data is gathered for the Clinic by a social worker specially trained in social psychiatry. Her story will give information as to how his ancestors dealt with their life situations; whether they were able to meet realities or whether they were routed and fled; whether grandfather could face the responsibility of an ever-increasing family or whether he deserted the ranks, shutting himself off from the rest, perhaps hiding behind an effective barrier of irritability or anger, or burying his head in the sand by imbibing alcohol too freely.

Though the child comes into the world with certain potentialities for development, the direction which this development takes depends almost entirely upon his environment and his experience. With average heredity he may be a President or a criminal. The social history will tell what the persons in his environment think of the child, what they see in him, how much they love him, why they love him, and why it is that they sometimes almost hate him. The worker tries to demonstrate the factors in their personalities which cause these conflicts of feeling. Perhaps the child has innocently transgressed some sacred family tradition or unconsciously, by some simple act, reminded them of some family skeleton. The parents may see in the child some tendency to one of their own secret vices. Embarrassed and ashamed for themselves, they take out their wrath on the child. The worker will try to find what personality difficulty in the parent is causing inconsistencies in discipline. The father, irritable on account of business troubles, may scold the child for being normally boisterous. The mother, unhappy because of the father's irritability and craving affection which she fails to receive from her husband, may solace herself with the child, comforting him, drying his tears and enjoying making amends. A child of average intelligence will not be long in taking advantage of such a situation. He will soon make his mother a slave to his every whim and fancy. She will do all in her power to bind her child to her. It is a mutually agreeable arrange-

ment. All day long the child will reign supreme, the mother satisfied by the dependence he shows and the affection he gives. When school days come the other children isolate this boy. He is a fine target for their fun, he is a "sissy", "teacher's pet", "mamma's boy". Sensing his isolation, he again falls back on his mother with feelings that he is inferior or different. He cannot become one of the crowd. He has failed in his first great experiment at social adjustment and is now a problem child.

In order to get an adequate idea of the child, the psychiatric social worker will trace the development of his habits, particularly if they are abnormal. The type of companions he selects will be ascertained, together with any apparent ill effect they may have had upon him. It is necessary to know how he uses his spare time and what recreation he chooses. His interests and where they take him is another important field of inquiry. The stages by which his misconduct has grown, its early beginnings and the facts surrounding them, are of great aid in outlining treatment. If his mental accomplishments are to be accurately evaluated a full school history which portrays both his failures and his successes must be obtained. His past ill health may be a factor and this must be investigated. In other words, a well trained worker will trace in detail the development of the child's personality. Commencing with the hereditary predispositions, she will follow step by step all the important factors until a well-balanced

picture is drawn. It is the one thing which prevents a mere cross-section view. The physical examination, the psychological examination, and the psychiatric examination give essential data, but with the background of the social history the picture is given its third dimension and the child appears in his true proportions.

Psychiatric training has given the social worker a more dynamic point of view. She has a clearer insight into the materials with which she has to work. In the history, she is able to develop the picture with startling clarity, bringing to light those intangible forces, the interactions between two or more personalities. It is with these forces that the child must battle in his struggle for freedom and self-expression.

Scientific work of the last few years has demonstrated with new forcefulness that mind and body are inseparably joined together. Abnormal mental states affect our physical health and abnormal physical states affect our mental health. Changes in one cause changes in the other. Health was defined by the late Dr. James J. Putnam, of Boston, as " adjustment to present surroundings, adaptability to new surroundings and progress towards some ideal ". This applies with equal force to either mental or physical health. Scientifically, the mind is the integrator of all the various functions and processes of the body. From the point of view of behavior, mind and body must be looked upon as a united organism reacting as a

whole to the changing situations in which it finds itself.

If we are to get a well rounded idea of the child's problems, we must know of his physical health. In the Child Guidance Clinic every resource of modern medicine is available for the investigation and treatment of the child. It is seldom that some form of medical care is not indicated and here again prevention should be the keynote. Whether it is eye strain, malnutrition, flat foot or chronic infection that is producing the increased irritability, it must be corrected if the child's best interests are to be served. Marked feelings of inferiority nearly always accompany crossed eyes and this is a remediable defect. Personality difficulties often result from abnormal functioning of the ductless glands. Careful examination and appropriate treatment will often produce remarkable changes in such a child. Regulation of dietetic habits and general habits of personal hygiene will at times have an effect that will reach far beyond the mere removal of some individual symptom. Not infrequently what appears to be a restless, hyperactive and mischievous child will prove to be a seriously fatigued child. His fatigue has become a chronic state. It is associated with great uneasiness which he interprets in terms of restlessness. He is too uneasy to keep still, he is continually on the go; he may tell us he does not need much sleep; he may try to relieve his discomfort by seeking excitement. Often it is the result

of his pursuit of excitement that brings him to the clinic. His mother may label it destructiveness or may merely state, "He is hard to manage". Some of the so-called bad boys have proven to be early cases of tuberculosis. The onset of the symptoms was so insidious that the feeling of illness did not reach the consciousness of the child. In all of the cases of speech difficulty treatment without complete physical examination would be absurd.

Physiological psychology gave to science many tests, tests for all the special senses and many of the mental processes, but these never came into general use. About fourteen years ago, Dr. H. H. Goddard, a prominent American psychologist, brought to this country tests of intelligence devised by Binet and Simon of France. During the years that have followed many new and important tests have been accurately worked out. A well trained psychologist can now give invaluable information concerning a child's abilities. In a Child Guidance Clinic very thorough psychological and educational examinations are given as routine. The patient is first given tests to determine the quantity of his intelligence. The results of these tests are expressed in terms of mental age. If, for example, his score shows a mental age of twelve years, it means that he has the same quantity of intelligence as the average child of twelve years. When his mental age is compared with his actual life age, we get some idea of the comparative quantity of his intelligence as com-

pared with other children of the same life age. This comparative quantity is generally expressed in terms of percentage and is called the child's intelligence quotient or his I.Q. Generally speaking, children with an I.Q. of from 90 to 110 are considered to have a normal quantity of intelligence; those below these figures are subnormal, while those above are superior. In the Los Angeles Child Guidance Clinic the range has been from below 50 to above 150, the average being considerably above 100. Great caution should always be used in interpreting the I.Q. without an adequate social history, a complete physical examination and a thorough psychiatric examination. The I.Q. should never be interpreted without these examinations if one is dealing with a problem or maladjusted child. Emotional factors may enter into the results of an individual test so that gross injustices and real harm may be done. After all, a child's I.Q. can be likened to his temperature. If he has fever it may mean a slight indisposition or it may mean smallpox. Who would dare to say which from the temperature reading alone?

In addition to the intelligence tests, the clinic psychologist gives performance tests, mechanical tests and tests for determining other special abilities or disabilities. The child is also given a comprehensive educational test. Tests of intelligence show a child's native or potential ability, but the educational tests show to what purpose he has used these abilities. They indicate what he has accomplished.

His abilities and accomplishments can now be compared. This comparison is again expressed numerically in terms of percentage and is called the accomplishment ratio. In this manner we at times discover a dull child who comparatively has made better use of his intelligence than some very superior child. By this means insight can be secured into some of his other traits or tendencies. A child may be up to grade standard in all but one or two subjects but in these he may be two grades retarded. How can he be truly happy in school? We see children maladjusted in school in other ways. Picture a boy in the fifth grade who already has the knowledge given in the seventh grade and who has sufficient ability to be able to do creditable work in the ninth grade. No wonder he is inattentive at school and is apt to find many excuses to play truant and to seek more interesting ways to fill his time. Some adolescents will become mentally adjusted if they are given assistance in the solution of their distressing vocational problems. The psychologist furnishes data without which treatment of this kind would be impossible.

From the social history we learn what the persons in the child's environment think of him. From the medical examination we learn what the physician thinks of his body. From the psychologist and educational examinations we learn what the psychologist has discovered about his mental equipment. We now turn to the psychiatrist to ascertain

what the child himself thinks about himself, how he feels towards those in his environment and what he thinks of the world and life in general.

Until we know how the child feels toward his parents, his home, his brothers and sisters, we cannot interpret his conduct. If he has been an unwanted child, how much more critical his parents will have been toward him. His simple, childlike mischievousness is interpreted as innate perversity and he is continually scolded and criticized. Nothing he does is right. Is it much wonder that in due course of time he commences to live up to this reputation?

Adults seldom reach the inside of the child's mental life. He is frequently looked upon as an animated manikin without thoughts or feelings. A changed attitude is secured with an understanding of his secret longings, perhaps for a mother whom he scarcely remembers, but whom he has raised to a pedestal in his dreams. One boy became extremely shy and seclusive because he was torn by fear of being unable to love and appreciate his foster mother enough. With an appreciation of his longings, his desires, his thoughts and worries, even the apparently " tough " and " hardboiled " boy is seen to be unhappy rather than bad. At the Child Guidance Clinic the psychiatrist tries to learn of the child's attitude towards his school, towards his teachers, towards " the other kids ". At times

failure in scholarship is based upon misunderstanding between teachers and pupil. Failing to secure the teacher's approval, popularity with the other children will be more eagerly sought. What a fine center of attraction is the boy who has been kept after school. How the children listen with intent faces to every word he has to utter. He has made himself a hero. No small accomplishment.

The child learns much at home and at school but it is from his companions that he acquires many of his traits and habits. Many a child shows greater loyalty to his companions than to his home. The bond of secrecy which surrounds many of his pranks and expeditions must be cautiously pulled aside if we are to understand the child's problems. Here is frequently found the origin of many difficulties, such as stealing, lying, truancy and bad sex habits. Many of the things told to the psychiatrist by the innocent lad of nine or ten would astound even a calloused adult. These are the things of which a child seldom speaks and then only to one who, he feels, will try to understand.

The psychiatrist endeavors to discover what mental twist is causing the disorder. His experience with abnormal mental states gives him a technique and insight. His study of the disordered mind throws a flood of light on normal mental mechanisms. The psychiatrist is primarily a physician. So it is as one who heals the sick that he views

the problem child, detecting his conflicts and complexes with the aim of determining upon adequate treatment.

After the study of the child has been completed a staff meeting is held, attended by those who have taken part in the investigation and examination of the case. A summary of all the findings in all four fields is presented. The diagnoses are made and treatment outlined and discussed by all present. This is one of the most significant phases of the clinic's work. The open and free discussion of a case by representatives of at least four different specialties is an extremely wholesome thing not only for the patient but for the specialists themselves. Petty intolerance and one-sided narrowness disappear.

The responsibility for treatment falls on many shoulders, including the patient, his parents, his teachers, the clinic staff and often others. Parental attitudes at times need changing. This part of the treatment falls to the social worker, the psychiatrist, or both. The clinic's findings must be outlined and interpreted, and the treatment explained step by step to the parents. Two to three hours are not uncommonly spent at one time with this very necessary procedure. The social worker assumes responsibility for seeing that the physical recommendations are carried out. She visits the school and enlists the teachers' aid in carrying out educational suggestions.

In the majority of cases the main effort in treatment is expended by the social worker upon the parents and by the psychiatrist upon the child. There is no magic formula or shortcut, but much fatiguing and strenuous work.

The psychiatrist endeavors to give the child a better understanding of himself, explaining to him the causes and results of his conduct; from his present interests trying to help him to build new ideals, to show him new and worth-while worlds to conquer. This cannot be done by mere exhortations. A child detects adult motives better than an adult detects the child's, so unless the adult is prompted by sincerity of feeling for the child, he will fail to gain the child's respect and confidence, and ideas and suggestions will fall on deaf ears. The adult may think he is studying the child, but the child is also studying him and if he does not pass muster, he is doomed as far as psychotherapeutic success is concerned. Unless the adult understands his own shortcomings, he cannot feel for the child in his. Unless the child is reached on his own level it will be impossible to raise him to an acceptable social standard.

Successful treatment is based on hours of hard work but results are more than sufficient recompense. Nine months ago a boy of thirteen was considered a "moral imbecile" by a competent psychiatrist. This boy was referred to the clinic for stealing and truancy. He had been sent to a special

school, as both teachers and parents said, "We do not know what to do with him." The boy was suffering from marked feelings of inferiority based on unfavorable comparisons. He believed he was a thief like his uncle and that he was hopelessly lost. Given opportunities for success and social approval, he became a changed boy. He is now back in a regular junior high school doing creditable school work, and is very proud of the fact that he is ahead of his grade in arithmetic, a subject in which he had previously failed. Both teachers and parents say that he is much better. He says now, "Perhaps I will amount to something".

To decide that a child is lazy, a thief, or no good will help but little in determining what should be done for him. The causes of the trouble must be traced back to the point where they give indications as to treatment.

As no two people are alike, so no two cases are alike. Each case has its own individual causes and associated factors. Generalizations are almost impossible and extremely dangerous. It is seldom that factors needing correction are not found in all four fields. Anything less than a complete study is very risky and may prove seriously damaging. The child must be considered as an individual and a personality. If he is to be guided and helped it must be on that basis.

DIRECTORY
of
STATE AND LOCAL SOCIETIES FOR MENTAL HYGIENE

(As of November, 1929)

Alabama Association for Mental Hygiene, Montevallo, Alabama.

California Society for Mental Hygiene, 1136 Eddy Street, San Francisco, California.

Southern California Society for Mental Hygiene, 626 Consolidated Building, Los Angeles, California.

San Diego Branch of the Southern California Society for Mental Hygiene, 4033 Ingalls Street, San Diego, California.

Long Beach Branch of the Southern California Society for Mental Hygiene, Welfare Bureau, 609 Heartwell Building, Long Beach, California.

Hollywood Branch of the Southern California Society for Mental Hygiene, 1749 Cahuenga Avenue, Hollywood, California.

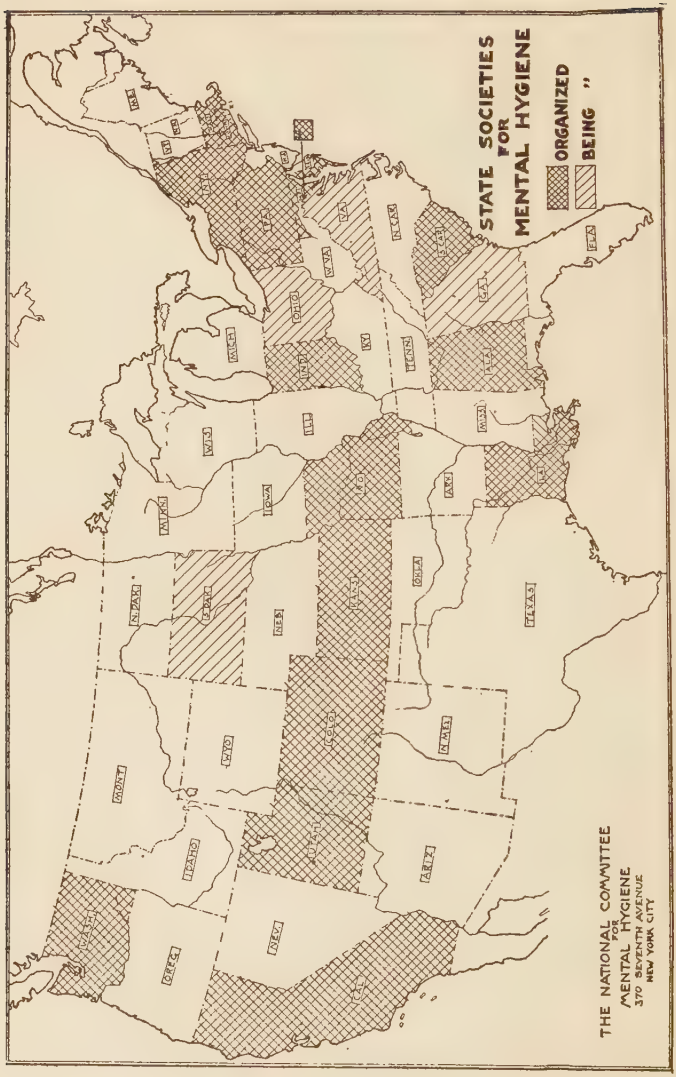
Colorado Society for Mental Hygiene, 4200 East 9th Street, Denver, Colorado.

Connecticut Society for Mental Hygiene, 39 Church Street, New Haven, Connecticut.

Branches in New Haven, Waterbury, Hartford, Bridgeport, and Norwich.

District of Columbia Society for Mental Hygiene, 1304 Rhode Island Avenue, Washington, D. C.

Illinois Society for Mental Hygiene, 203 North Wabash Avenue, Chicago, Illinois.


STATE SOCIETIES FOR MENTAL HYGIENE
ORGANIZED
BEING "
THE NATIONAL COMMITTEE FOR MENTAL HYGIENE
370 SEVENTH AVENUE
NEW YORK CITY

Indiana Society for Mental Hygiene, Room 416, State House, Indianapolis, Indiana.

Kansas Mental Hygiene Society, 510 Mulvane Building, Topeka, Kansas.

(Kentucky) Louisville Society for Mental Hygiene, 215 East Walnut Street, Louisville, Kentucky.

Louisiana Society for Mental Hygiene, 2425 Coliseum Street, New Orleans, Louisiana.

(Maryland) Mental Hygiene Society of Maryland, 622 West Lombard Street, Baltimore, Maryland.

Massachusetts Society for Mental Hygiene, 5 Joy Street, Boston, Massachusetts.

Missouri Society for Mental Hygiene, 1483 North Union Boulevard, St. Louis, Missouri.

Kansas City Mental Hygiene Society, 818 Walnut Street, Kansas City, Missouri.

New York State Committee on Mental Hygiene of the State Charities Aid Association, 105 East 22nd Street, New York, N. Y.

Albany County Mental Hygiene Association, 23 South Pearl Street, Albany, New York.

Allegany County Committee on Mental Hygiene, Alfred, New York.

Broome County Mental Hygiene Committee, 40 Riverside Drive, Binghamton, New York.

Buffalo Mental Hygiene Council, 491 Delaware Avenue, Buffalo, New York.

New York City Committee on Mental Hygiene, 105 East 22nd Street, New York City.

Oneida County Mental Hygiene Committee, Utica, New York.

Orleans County Mental Hygiene Committee, 900 West Avenue, Medina, New York.

Syracuse Mental Hygiene Committee, 327 Montgomery Street, Syracuse, New York.

(Washington County) Mental Hygiene Committee of the Washington County Children's Committee, 148 Main Street, Greenwich, New York.

Willard Committee on Mental Hygiene and After-Care, Hornell, New York.

Pennsylvania Mental Hygiene Committee of the Public Charities Association of Pennsylvania, 311 South Juniper Street, Philadelphia, Pennsylvania.

Rhode Island Society for Mental Hygiene, 17 Exchange Street, Providence, Rhode Island.

South Carolina Society for Mental Hygiene, 101 Rutledge Avenue, Charleston, South Carolina.

Utah Society for Mental Hygiene, 149½ Regent Street, Salt Lake City, Utah.

Washington Society for Mental Hygiene, 823 White Building, Seattle, Washington.

In Process of Organization

Ohio, South Dakota, and Virginia.

Active Interest in Organizing a State Society

Georgia, Kentucky, Michigan, Minnesota, New Jersey, North Carolina, and Wisconsin.

TWENTY-FIRST ANNUAL REPORT
of
THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE

FOREWORD

THE passing of another year has served to emphasize anew the supreme importance of mental hygiene as a community health problem, and to remind us more forcibly than ever of the deficiencies in our machinery for solving it. There is an astonishing eagerness on the part of the people of Connecticut for aid in the development of the "sound mind in a sound body". Financial limitations alone delay the accomplishment of our task.

The Society has continued with success its stimulation of mental hygiene clinic activities carried on by the local branches to which it has been able to render substantial supplementary service in the field of psychiatry. The educational work under the tireless and brilliant direction of Miss Crutcher has gone forward with marked success. The new Education Committee organized under the chairmanship of Mrs. Leonard M. Daggett promises to prove a most useful instrument for progress.

The chief event of the year has of course been the inception of the study of mental hygiene resources in the State which the Commonwealth

Fund is generously financing. We have been fortunate in securing the services of Dr. Samuel Hamilton, assisted by Miss Ruth Mellor, to conduct this work and we are hoping to receive their final report in the autumn. This study should give us what we have for some years lacked, a clear and comprehensive program for mental hygiene development. This program the Society can in the future support with all its powers. It will also define the exact function of the Society itself, and its rôle in the further development of mental hygiene in Connecticut.

Your officers earnestly hope that such a solution may be found for the financial problems, in recent years so hampering to its activities, that the Society may be placed on a basis of new and larger usefulness, worthy of the vision which created it twenty-one years ago.

C.-E. A. Winslow,
President, The Connecticut Society for Mental Hygiene.

REPORT OF THE MEDICAL DIRECTOR

HAVING completed three years of active service in the clinic work of the Society, it seems fitting that this report should deal principally with the clinic work—leaving the other activities of the Society for the report of the Executive Secretary.

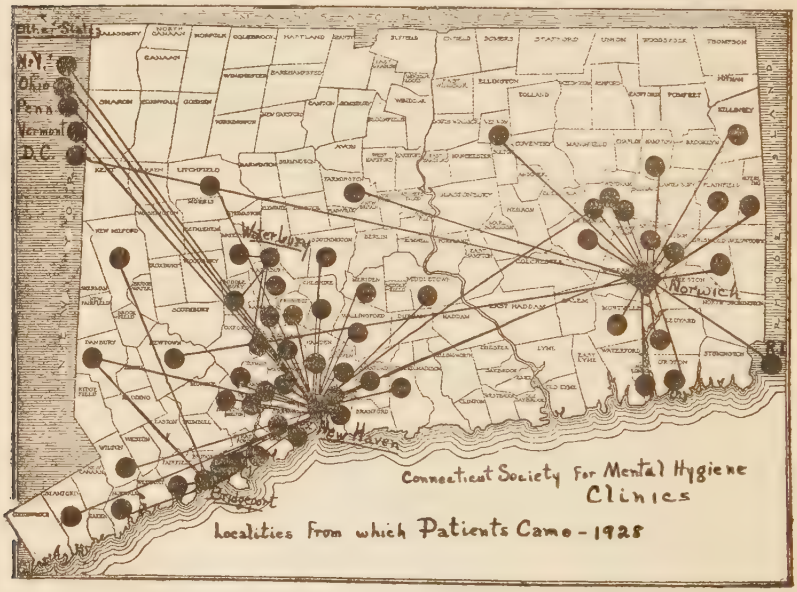
A definite increase in clinic personnel has not

resulted in a corresponding increase in patients treated. "Quantity production" at the expense of quality of service is thus guarded against. Dr. E. S. Rademacher, after three years' work in the Cleveland Child Guidance Clinic, has joined the Clinic Staffs on a full time basis. We have also had valuable part time service from Dr. Ernest F. Russell. In Waterbury, we saw in the past year the results of the generous gift of Miss Helen Chase—shown by the addition of one more full time psychiatric social worker and a 100 per cent increase in the service of the psychiatrist. The Bridgeport clinic has suffered a loss in the resignation of Dr. D. P. Griffin whose counsel and personality will be missed by both patients and staff. In January, 1929, Dr. E. S. Rademacher became director of this Clinic and since then has been in attendance one full day each week.

In Norwich, where the Clinic is staffed by State Hospital doctors, the psychiatric work has been supplemented during the past year by Dr. Ernest F. Russell and Dr. E. S. Rademacher. This service was obtained from Yale University through The Connecticut Society for Mental Hygiene.

The impossibility of meeting all the demands of social organizations, medical clinics and schools without sacrificing the quality of work dictated by our own ideals, has made it difficult to render a properly balanced service. We must further guard against the temptation to increase members merely in order to show in our statistics that the financial backing of the community is a good investment.

On December 1, 1928, the number of open cases in The Connecticut Society for Mental Hygiene Clinics was as follows: Bridgeport, 115; New Haven, 208; Waterbury, 286. Obviously this is a heavy case load in spite of the increased personnel and clinic



time. In the New Haven Clinic various psychiatrists have run from 1¾ to 3⅓ visits per hour, with an average of 2¾ visits per hour. When we consider that in some clinics individual appointments are seldom less than one hour, the difference in quality of work that can be done is quite striking. The overload of the social workers is even more appalling. It must be remembered that our clinics

are primarily for community service and the demands must be met in so far as it is possible to do so without too great a sacrifice in the value of the work. Progress in dealing with this problem is being made in various ways, such as continuous increase in clinic personnel, the gradual elimination of long standing chronic cases, development of more consultation and coöperative work, and by careful selection of new patients for treatment.

A brief comparison of the clinics in Bridgeport, New Haven, Norwich and Waterbury may throw some light on their future needs. In these remarks no special reference to the present clinic personnel is intended. In the Bridgeport and Waterbury clinics child guidance work continues to predominate but the New Haven Clinic falls below them in such cases, probably because of the large number of adults coming from the medical clinics.

In the standard clinic set up there is a full time psychiatrist, who acts as director, a full time psychologist, and three or four full time psychiatric social workers, each of whom make a contribution to the examination and treatment of the patients.

In comparison to such clinics, Bridgeport seems to stand out as a psychologist's clinic in spite of the excellent work done by the psychiatrist and psychiatric social worker. This may be accounted for to a certain extent by the amount of work done in the schools. In New Haven, due to the generosity of the Yale Staff, the service from the psychiatrists

is far out of proportion to the psychological and social service staff. The result is that the latter are unable to supply the social histories or carry out the treatment advised to the extent prescribed by the psychiatrists in spite of much overtime work and the use of all possible volunteer service. In Norwich a more ideal balance of service is the goal of the clinic development but it is as yet unattained. At present serious responsibility devolves upon the psychiatric social worker who carries this most ably. In the Waterbury Clinic, the psychiatric and social work is more nearly balanced, although not sufficient for the case load—more psychological work is needed.

In the past year the educational work of the Society has continued to grow due to the efforts of Dr. Rademacher, Miss Crutcher and Miss Bliss. It seems that this work need no longer be directed toward bringing more patients to the clinics but should be concerned with the education of parents, teachers, nurses, and social organizations in their own methods of dealing with problems.

At this time some thought should be given to the future of the Society. Two new developments concern us especially—namely: the new program of the State Division of Mental Hygiene and the establishment of the Institute of Human Relations at Yale. Undoubtedly the mental hygiene study of Connecticut now being conducted will indicate more clearly the proper relation of the Connecticut Society to them. The Connecticut Society is anxious to coöp-

erate in every way with these new developments so that the future for mental hygiene in this State may mean even more in the preventing of mental disease and the maintaining of mental health.

LLOYD J. THOMPSON, M.D.
Medical Director

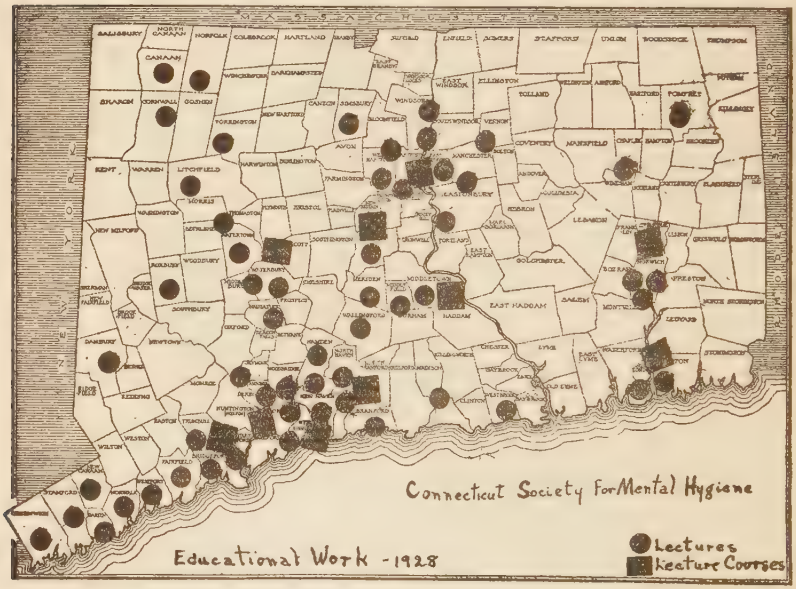
ANNUAL REPORT OF THE EXECUTIVE SECRETARY

The work of the Society falls naturally into three main headings. Educational work comes first with the following aims:

1. The changing of the attitude of the public toward mental ills and mental maladjustments.
2. Giving the public in general the knowledge of the greatness of the problem of mental health and what the possibilities are for preventive work.
3. Broadcasting the idea that mental hygiene has a definite contribution to make to the normal individual.
4. Keeping people informed as to the existing mental hygiene resources in the State and stimulating interest in the further development of present resources.
5. With certain groups, specializing on types of behavior and habits which should be brought to the attention of the mental hygiene clinic. This applies chiefly to social and health agencies.

6. With other groups, such as Parent-Teacher, Mother Study Clubs, emphasis is placed on the newer approach in training the child so that he will have healthy mental attitudes.

During 1928, 51 general groups were provided



with speakers on mental hygiene subjects under the auspices of the Connecticut Society for Mental Hygiene and its Branches; 31 social and health agencies, 26 Parent-Teacher Associations, 5 business and industrial organizations, making a total of 113 groups reached in the educational program. The Branches have been especially active this year in

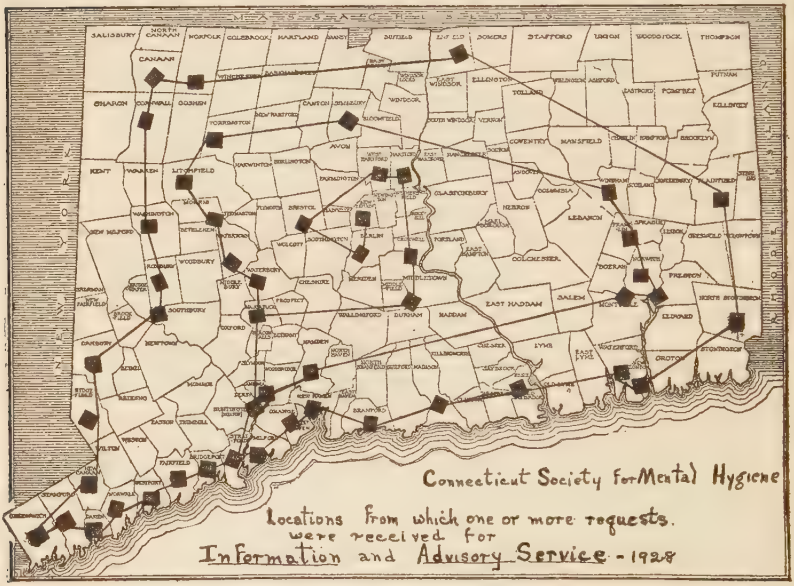
the educational work and have provided exceptional opportunities, such as the splendid general lecture courses in Bridgeport and Hartford, special talks for health and social workers in New Haven and Waterbury and discussion groups in Norwich. The New England Conference on Mental Hygiene which was held in Providence in 1928 was one of the paramount features of the educational program. This was a joint effort of the Massachusetts, Rhode Island and Connecticut Societies for Mental Hygiene and the subject, "Mental Hygiene and Delinquency", was one of general interest.

Information and advisory service may be considered the second heading under which the work of the Society falls. This service also has increased decidedly during the past year. It has covered everything from helping a social worker in a remote part of the State to secure a psychiatric social history to looking up institutions in California. Service has also been rendered to various social and health agencies in the State and to some five other States regarding the development of their mental hygiene programs.

The third phase is the clinical work of the Society. In 1927, the Clinics in Bridgeport, Waterbury, and New Haven showed a monthly average of 480 cases. In 1928, this average had come up to 645 cases per month. In Norwich, which is staffed by psychiatrists from the State Hospital and Connecticut Society, the number of cases carried for the year

1928 was 258. The Clinic Staffs have worked untiringly and it is only by phenomenal effort on their part that such a staggering load can be carried.

Miss Margaret Bliss, Executive Assistant, has made a study of these Clinics for administrative



purposes. The object of this is to show when, where and how the Clinic time and service goes. This has been of help to the Clinics and the State Society.

The valuable work of the Medical Director, the Board of Directors and the Executive Committee, individually and collectively, must be emphasized in this report. Their responsibility for the Society's

financial welfare, their activity in legislative matters and in the dictating of a wise policy for the Society has enabled the work to develop as it has during the past year. The Branches and the members have also contributed in no small way to the progress of the year's work, for better mental health in Connecticut.

HESTER B. CRUTCHER
Executive Secretary

THE SOCIETY AND ITS BRANCHES

The Connecticut Society for Mental Hygiene has always spent much of its effort in developing pioneer fields. In the well developed centers much of the responsibility for work along mental hygiene lines has devolved upon the local branches of the Society. Due to their activities interest in various phases of mental hygiene has been stimulated and directed into channels most needed in the community.

NEW HAVEN BRANCH

The New Haven Branch has as its special activity the New Haven Mental Hygiene Clinic which is financed by the Community Chest. The Branch has also arranged with Yale University for a course in Mental Hygiene for teachers, and some special work with the Visiting Nurse Association where Miss Thacher, the Chief of Social Service of the Clinic, has been acting as Mental Hygiene Adviser.

OFFICERS

Mr. Lewis H. English, *President*
Mr. Ira V. Hiscock, *Vice-President*
Miss Margaret Bliss, *Secretary and Treasurer*

Executive Committee

Miss Margaret Bliss
Mr. Lewis H. English
Mrs. Robert L. Calhoun
Dr. Bessie Lee Gambrill
Dr. Gustavus Eliot
Mr. Ira V. Hiscock
Mrs. Harry Slayton

Staff

Dr. L. J. Thompson, Medical Director
Dr. E. S. Rademacher, Clinical Director
Dr. Clements C. Fry, Psychiatrist
Dr. Harry N. Kerns, Psychiatrist
Dr. Ernest F. Russell, Psychiatrist
Miss Henrietta F. Thacher, Chief of Social Service
Mrs. Bernadette L. Sullivan, Psychiatric Social Worker
Miss Susan S. Bennett, Psychologist

Clinic Budget: $8,885.61.

Waterbury Branch

The Waterbury Branch, organized in 1923, is the oldest Branch organization of the Society. While its efforts have been confined to no small extent to clinic development, which it has done most ably, it has also sponsored some splendid community mental hygiene work in the line of study groups, lecture and discussion groups and special lectures for health groups.

OFFICERS

Mr. Arthur R. Kimball, *President*
Miss Edith Chase, *Vice-President*
Mr. Edwin C. Northrop, *Treasurer*
Mr. Eugene Kerner, *Secretary*

Board of Directors

Mr. Arthur R. Kimball
Mr. Edwin C. Northrop
Mrs. Rodney Chase
Miss Edith Chase
Miss Mary F. Burrall
Miss Helen E. Chase
Mrs. Harrison Camp
Mrs. Augustin A. Crane
Mrs. Robert F. Griggs
Dr. J. Harold Root
Dr. Goodrich Smith
Mrs. Roger S. Sperry
Mr. Mark L. Sperry
Mr. Hugh L. Thompson
Mr. Howard B. Tuttle
Mrs. William A. Willcox

Clinic Staff

E. S. Rademacher, M.D., Clinical Director
Miss Verah L. Foster, Chief of Social Service
Miss Bertha Gerber, Psychiatric Social Worker
Mrs. Harrison Camp, Psychologist

The Clinic Budget of $8,028.27 is raised entirely by local drives.

Hartford Branch

The Hartford Branch of the Connecticut Society for Mental Hygiene was organized in 1924. This Branch has done some excellent general educational work and has stimulated the development of various mental hygiene projects. This year it has been interested in the progress of the Hartley-Salmon Clinic and in legislative developments, as well as arranging a series of four public lectures by psychiatrists on their various specialties.

OFFICERS

Dr. O. G. Wiedman, *President*
Miss Winifred W. Arrington, *Vice-President*
Miss Frances M. Cashel, *Secretary and Treasurer*

Executive Committee

Dr. Otto G. Wiedman, Chairman
Miss Winifred Arrington, Vice-Chairman
Miss Frances M. Cashel, Secretary-Treasurer
Dr. Harold Bancroft
Mr. Kenneth Messenger
Members-at-Large: Judge George H. Day
Dr. Carl F. Vernlund
Eleanor Hope Johnson, Ph.D.
Mrs. Robert B. Moffette

Bridgeport Branch

In Bridgeport the Branch has been most active since its organization in 1925.

The splendid development of the Clinic in no small measure evidences the wise interest of the Branch.

Every year a lecture course on some phase of mental hygiene is given for the general public. Study groups are sponsored and general community mental hygiene fostered. This work is financed by the Financial Federation and local membership.

OFFICERS

Mr. William R. Webster, *Chairman*
Mrs. Sanford Stoddard, *Vice-Chairman*
Mr. George H. Woods, *Treasurer*

Board of Directors

Dr. Henry Blodget
Mrs. Arthur Brewer
Mr. Carl Churchill
Mrs. Roy E. Clark
Mrs. Robert M. Eames
Mrs. Charles A. Edwards
Dr. Daniel P. Griffin
Mrs. William H. Griffith
Mrs. Leroy A. Havey
Honorable Elbert C. Hull
Miss Margaret V. Kiely
Dr. H. Bertram Lambert
Mr. James C. Moore
Mrs. Joseph G. Shapiro
Mrs. Richard T. Staples
Mrs. Sanford Stoddard
Mr. George L. Warren
Mr. William R. Webster
Mr. George H. Woods
Mr. John A. Young

Staff

Dr. E. S. Rademacher, Psychiatrist
Miss Marion E. Rannells, Executive Secretary
Miss Doris E. Perry, Psychologist

Clinic Budget: $6,028.37.

Norwich Branch

The Norwich Branch is much interested in the further development of the Norwich Neuropsychiatric Clinic which is financed by the United Workers of Norwich.

It has also taken the lead in the development of educational projects along mental hygiene lines. It has coöperated with various other agencies in the accomplishment of this work. During the past three years of its existence it has been instrumental in the accomplishment of some excellent pieces of work.

Clinic Officers

Dr. Harrison Gray, Honorary Chairman
Mrs. Louis H. Walden, Chairman
Mrs. Charles B. Gilbert, Vice-Chairman
Mrs. John Kukla, Secretary
Mrs. Ronald Nelson, Assistant Secretary

Branch Officers

Mrs. L. H. Walden, Chairman
Mrs. Charles B. Gilbert, Vice-Chairman
Mrs. Allen Brand, Secretary and Treasurer

Staff

Dr. E. J. Burdsall, Supt., Norwich State Hospital, Clinical Director
Dr. E. S. Rademacher, Consulting Psychiatrist
Dr. Robert J. Carson, Psychiatrist
Miss Betsey Mitchell, Chief of Social Service
Miss Dorothea Bellerose, Psychiatric Social Worker
Miss Elizabeth B. Bigelow, Psychologist

Clinic Budget: $6,381.46.

THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE

39 Church Street, New Haven

OFFICERS

Dr. C.-E. A. Winslow, *President*

Mr. George L. Warren, *Vice-President*

Mr. Charles F. Bliss, *Treasurer*

Mrs. Leonard M. Daggett, *Recording Secretary*

Board of Directors

Mr. Charles F. Bliss, New Haven
Miss Helen Chase, Waterbury
Mrs. Roy E. Clark, Bridgeport
Mrs. L. M. Daggett, New Haven
Mr. Lewis H. English, New Haven
Mrs. Herbert Fisher, Hartford
Mrs. C. B. Gilbert, Norwich
Dr. Arnold L. Gesell, New Haven
Mrs. John P. Huntington, Norwich
Mrs. W. G. Hutchins, Simsbury
Miss Eleanor H. Johnson, Hartford
Mr. A. R. Kimball, Waterbury
Dr. Charles T. La Moure, Mansfield Depot
Dr. R. L. Leak, Middletown
Dr. James R. Miller, Hartford
Dr. Frank E. Morris, New London
Dr. Stanley H. Osborn, Hartford
Miss Kathryn Root, Stamford
Mr. Robbins B. Stoeckel, Norfolk
Mr. Howard B. Tuttle, Naugatuck
Mr. George L. Warren, Fairfield
Dr. O. G. Wiedman, Hartford
Dr. C.-E. A. Winslow, New Haven
Dr. M. C. Winternitz, New Haven

Staff

Lloyd J. Thompson, M.D., Medical Director

Everitt S. Rademacher, M.D., Clinical Director

Hester B. Crutcher, Executive Secretary

Margaret Bliss, Executive Assistant

ORIGIN
of
THE INTERNATIONAL COMMITTEE FOR MENTAL HYGIENE
and of
THE FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE

ANY account of the plans, purposes and personnel of organizations, such as is presented in this brochure, is likely to make dry reading unless the personal note is struck as often as possible. Therefore, it seems not amiss to quote the following account of a meeting of the Organizing Committee of the International Committee for Mental Hygiene, held at the Yale Club in New York City on December 11, 1922. These autobiographical passages, taken from pages 310 to 316 and from 323 to 334 of the fifteenth printing of "A Mind That Found Itself", tell of the hopes of the founder of the movement in regard to the holding of the First International Congress on Mental Hygiene, and also to the formal founding of the International Committee for Mental Hygiene, which is to coördinate and stimulate the work of the various National Committees, Leagues, Councils, Societies and Associations for Mental Hygiene throughout the world. That his hopes have been justified by events is shown by the

Preliminary Announcement of the International Congress which immediately follows this section of the brochure.

To quote:

"The officers in charge of the meeting were: Dr. Stephen P. Duggan, Chairman, and Mr. Clifford W. Beers, General Secretary of the Organizing Committee. Dr. Duggan presided.

Dr. Duggan: "We are going to hear from a number of persons from different parts of the world this afternoon. Although one comes from Canada, one from Belgium and one from Brazil, all of them will speak alike in one respect, that is they will say much in a brief time. When General Carty and Mr. Beers speak they, too, will be brief, if natives of this oratorical nation can be that, the idea being that this sort of meeting at mid-day must be carried through with a rush if we are not to lose some of our audience who have other engagements.

"Some of you know of the remarkable work done in Canada by the Canadian National Committee for Mental Hygiene. It is astonishing how much has been accomplished by that Committee since it was founded in 1918. I don't want to take the time to describe it because I don't know the story well enough, and furthermore because it can be told much better by the Medical Director of the Canadian National Committee, Dr. C. K. Clarke, who serves also as Professor of Psychiatry in the University of Toronto."

Dr. Clarke: "The mental hygiene movement has been a very great success as far as we are concerned. Mr. Beers helped to put the movement on its feet in Canada in 1918 when our Committee was organized, and it has been successful from one end of the country to the other. There is only one Province that has not come into line and we shall be able to do work there when our budget permits. It is surprising what an effect the work has had. Take the problem of the so-called criminal insane. The care of this class had fallen into neglect because the Provinces did not have the best advice on how to deal with them. But they are making good now and doing all the things we want them to do and much progress has been made. They have already spent large sums of money for increased institutional accommodations and through propaganda this work is spreading to all parts of Canada.

"We find now that our problems are very much more extensive but we feel that this movement is the one movement that is going to make the world a good deal better world, because as we study these problems we find that so many people have been starting at the wrong end. In mental hygiene is contained the solution of a great many of these problems. In order to deal effectively with adult criminality and juvenile delinquency, for instance, we find that we must get back to first principles, and our greatest energy is now being spent in that direction.

"This movement requires the coördination of a good many nations and a good many minds and we must have international relations. It is the order of the day. We ought to have an International Congress where we could discuss our problems because they must be similar in all countries. Take the simple question of law and the penal system. There is an article in the *Atlantic Monthly* for December which deals with the condition of the jails in the United States which might apply just as well to Canada. I think the article in itself shows the need for international coöperation. There is a great deal of veneer in our so-called civilization. Only such a movement as that for mental hygiene can get at the true facts and show the real remedies for a great many of the troubles which exist in the world, in every part of it.

"I feel honored to be here today. I welcome further international relations because it is a great stimulus to meet people from other countries and to hear them discuss their problems. The International Committee can foster this. If a Congress can be arranged it will be a splendid thing. I am particularly interested in such a Congress because I expect to meet a great many English people next spring when I go to London to deliver the Maudsley Lecture before the British Medico-Psychological Association. I shall do what I can to interest them in the planned Congress and the International Committee and I shall speak freely of the founder of the

movement, giving him full credit for all he has done to foster mental hygiene throughout the world. Had he not taken the initiative when he did and been wise enough to seek the coöperation of those capable of giving the soundest and wisest advice, the movement would have failed. As it is, it is a remarkable success, the magnitude of which is just beginning to be apparent. After an International Congress has been held, the whole public will realize the importance of our work and will give it the support it deserves."

Dr. Duggan: "I have had the pleasure of sitting next to Dr. Ley at this luncheon and have learned of the remarkable work that is being done in Belgium. Some of the things he has described, especially the work at Gheel which has come down from the Middle Ages, have been astonishing. I take great pleasure in introducing Dr. August Ley, Professor of Psychiatry in the University of Brussels and Founder of the Belgian National League for Mental Hygiene."

Dr. Ley: "My English is a little difficult, but I am very glad to bring you the greetings of our Belgian League for Mental Hygiene and I think I may speak also as a member of the Medico-Psychological Association of Paris, and not only on behalf of the Belgian League for Mental Hygiene but also for the French League for Mental Hygiene. The Belgian League was founded after my previous visit to New York in 1920. I went to the office of your

National Committee and I met there Mr. Beers. Later I read his book. I found it very interesting and on my return to Belgium I got some people interested there. We have already in Belgium a 'committee' of very important people and we see the sympathy among the public increasing every day. We have an office already, in connection with the Red Cross in Brussels. The Secretary of the Red Cross voluntarily helps in the work as Secretary of our League. He is very active in the mental hygiene cause.

"We have in Brussels a dispensary for mental hygiene which has been established in connection with psychiatric consultation at the general hospital. I am in charge of this. In the central dispensary every person who needs advice about mental hygiene can get it and he is then put in touch with the people who can be useful to him. We find the question of juvenile delinquency a very important one in the activities of mental hygiene and we are trying to organize something about juvenile delinquency. We are in touch with a little clinic attached to the Children's Court in Brussels and we can do there some very important work.

"While in Canada I visited the mental clinic of Dr. Clarke at the Toronto General Hospital. Here I have visited the Bureau of Child Guidance of which Dr. Glueck is in charge, and I found it very interesting. I trust and hope that our League for Mental Hygiene will be able to organize later some-

thing of the kind that has been done in this country for preventing juvenile delinquency through your National Committee with the help of the Commonwealth Fund.

"As to the proposed 'International Congress on Mental Hygiene', I think it would be very important to have at this time or a little later an International Congress. I attended the 'Congress of Paris' last May. It was a congress for mental hygiene under the auspices of the French League for Mental Hygiene. It was a success. Neurologists, psychiatrists, social workers and people interested in vocational guidance were at the mental hygiene congress. The questions discussed related to conditions of mental patients in general, and some addresses were given on criminality, abnormal children, education of normal children, and especially the education in the modern schools. So the time seems to have arrived to hold in 1924, if possible, a well organized congress in America. I am sure it would be a very great success.

"It would be interesting to have somebody come to Europe to see some people there and to make arrangements about the Congress. I may say that at the Congress in Paris last May, I heard Mr. Beers spoken about many times. He was expected there but could not arrange to come. I think if he could come to Europe as General Secretary of the Organizing Committee to speak to various people it would be very important for the preparation of the Con-

gress and also increase interest in the International Committee's plans.

"The importance of the movement for mental hygiene is very great. It is one of the most comprehensive questions that we have at present and I assure you that we appreciate very much in Belgium as they do in France the great help that the movement for mental hygiene has given to the solution of some of the most important problems of modern times. I hope that this Congress will be organized for it will be for us overseas an occasion to gain new knowledge and I hope we can come here to take part because we are fighting these problems together. I express my best thanks and I wish full success to the movement for mental hygiene in America and in the world."

Dr. Duggan: "We have heard from two physicians, one from Canada and one from Belgium. We now transfer our attention to laymen. I was talking in the Library of Columbia University the other day with Dr. James, President of our National Committee, and President Butler. Dr. James turned the conversation to mental hygiene and Dr. Butler said: 'There is one man that you want to get hold of if you want to spread mental hygiene among people who are doing great things in the world.' We both seized upon the chance of getting such a man and he said the man was General John J. Carty, Vice-President of the American Telephone and Telegraph Company. We are going to hear from General

Carty and he is going to tell us how a really intelligent layman (one beyond 13-year-old mental capacity) views mental hygiene."

General Carty: "I am interested in your subject, not as an expert in psychiatry, but from the standpoint of research broadly considered. This is natural, for I have been interested in telephonic research for more than forty years. Attracted by the analogy which the telephone system has presented to the nervous system, I have always been interested in the developments of your science. At the time of the war, I was one of those who formed the National Research Council and later the International Research Council. This brought me into contact with the late Dr. Pearce Bailey, with Dr. Stewart Paton and with others. I had the good luck during the war to cross on the same transport with Dr. Bailey, and I often refer to this trip as my two weeks' course in psychiatry under Bailey. From my contact with the psychiatrists and the psychologists during the war, I got something of a layman's point of view concerning the objects and methods and possibilities of the new psychiatry and mental hygiene. . . .

"My idea of the direction of scientific research is that man should go on annexing to his own powers the forces of nature but that he should employ these increased powers in solving the problem of human personality. When this problem is solved the problem of society is solved. As the problem of this

Committee in its broadest aspects is the problem of human personality, it follows, according to my view, that the work you have undertaken is probably the most important of all, and in its widest aspects must draw upon the results of all the researches of science. Towards the solution of your problems, all the activities of science should be made to converge, and the most generous financial support should be provided." . . .

Dr. Duggan: "This program, as you may have suspected, has been leading up to what Mr. Beers will tell us about the present status of the plans for an active and financed 'International Committee' and, we hope, for an International Congress on Mental Hygiene along the lines indicated by the previous speakers. Mr. Beers is the initiator not only of the national and state movement for mental hygiene in this country but also of the plan for an International Committee and a World Congress on Mental Hygiene.

"Many of us here were present at the initial 'International' meeting held on February 4, 1919, at the home of Dr. Walter B. James in this city, at which Mr. Beers, with characteristic vision and zeal, outlined the plan for international activities and forecast their possibilities. Some of those present on that occasion thought that the time for launching an international movement was not yet ripe. This was to be expected. No pioneer ever carries all of his audience with him, but Mr. Beers carried many

of us to the heights where the view and possibilities he saw were discernible. Events have vindicated his judgment in this important matter. Without any artificial stimulation there is now widespread interest in these international plans.

"I know of no better way to introduce Mr. Beers who in his early thirties became the founder of the mental hygiene movement than to quote some of the things said about him fifteen years later by Professor William Lyon Phelps when Yale University, in June, 1922, conferred upon him an honorary degree. 'His life,' Professor Phelps said, 'has been filled with spiritual adventures. He is the author of a book apparently destined to become a classic, "A Mind That Found Itself." In this, with unmatched eloquence of sincerity, he has described his terrific experiences in that obscure border-land beyond the bounds of sanity. On his return to the world of causation, instead of trying to forget his sufferings, he determined to use them for the benefit of mankind. Besides the extraordinary influence of his book, both in the field of literature and human helpfulness, Mr. Beers has labored incessantly for the cause of mental hygiene. No explorer on land or sea has shown more inflexible courage than has Mr. Beers in penetrating beyond the frontiers of orderly thought.' When President Angell conferred the honorary degree he said it was 'For indomitable courage and devotion in turning to the enduring benefit of mankind experiences that have driven

most sufferers to silence and seclusion'. Mr. Beers will now talk to us."

Mr. Beers: "Before speaking to the topic of the day—the international plans—may I let those present know that the very pleasing but somewhat embarrassing account of my interview with Dr. Riedel of Rio de Janeiro, as reported by Mr. Muniz, is taken by me in a properly humble spirit? I have not only a lively sense of appreciation but also a saving sense of humor. To be referred to, especially before this group of intimates, as 'the great Mr. Beers' is a bit premature to say the least, even if Dr. Riedel does feel that way about me. I can best indicate my reaction to these encomiums so graciously offered by Mr. Muniz, by quoting what Mr. Kingsbury whispered to me while Mr. Muniz was speaking: 'Better to sit in the back row and be discovered than to sit in the front row and be found out!' Frankly, I don't mind being 'discovered' after working as I have for more than fifteen years as a pioneer in mental hygiene. There is, of course, personal satisfaction in having one's work recognized, but greater satisfaction is to be found in the thought that personal recognition means that the cause one represents has won a place for itself at home and abroad. I shall gladly accept all honors that come my way for they give me prestige and enable me to be more effective. Prestige is power—in health work as in politics. . . .

"I wish quickly to give a glimpse of the interest existing in all countries where mental hygiene work is known about at all. National Committees operating under that name are at work in the United States, Canada and South Africa. There are National Leagues for Mental Hygiene already organized and doing work in France and Belgium. A National Council for Mental Hygiene is in process of formation in Great Britain. The forerunner of a National Committee in Australia has taken form as a Section on Mental Hygiene in the Australian Public Health Association. Interest in organizing a National League, or Council or Committee exists in Italy and Spain, and the situation is such in a number of countries, among them Holland, Denmark, Norway, and Sweden, that national organizations for mental hygiene can be established, also in Brazil where Dr. Riedel will soon form a National Committee or League. . . .

"It would not be quite accurate to say that all of the organizing work is the result of my efforts. Others helped, especially psychiatrists connected with the National Committees in this country and Canada, but I was the one who talked only one subject: Organizing and financing new agencies on a national basis. No person from a foreign country who is in a position to help establish a National Committee or its equivalent can come near me without risk of being sensitized on the question of

organizing. That is one of my functions as General Secretary of the Organizing Committee of the International Committee.

"The personnel of the various national organizations is of the highest. Men and women, no matter how highly placed or how burdened with obligations previously assumed, are willing to break their rule and accept official positions with mental hygiene organizations or membership in the Boards of Directors and inner committees. Why? Because they seem to feel that past neglect of the insane and feebleminded and failure to work for prevention morally obligates everyone to further the movement and so help solve problems which never have received deserved attention.

"An important task is the founding of an International Committee for Mental Hygiene. That can best be accomplished, it is thought, in connection with an International Congress on Mental Hygiene. One of the purposes of this meeting today is to take formal action on the plan for holding such a Congress. We have no option in this matter. We are obligated to hold such a Congress for we have told the French League for Mental Hygiene, which generously set aside an International Congress which it had tentatively planned to hold at Paris last June, that the Organizing Committee of the International Committee had already made moves toward holding the First International Congress in the United States, probably in 1924. Representatives from

several countries who attended the meetings held at Paris last June under the auspices of the French League were told of this plan, and, as Dr. Ley has made plain, they are awaiting the announcement of our plans.

"Unless someone speaks in opposition to this proposal, I shall assume that I may include in the minutes of this meeting a vote authorizing the Organizing Committee of the International Committee to do whatever may be necessary to organize and finance the First International Congress on Mental Hygiene, to be held, if possible, in 1924, in the United States. The plan for a Congress will probably include the formal founding of the International Committee during the International Congress. This can be made a great occasion. I recall that Dr. James once suggested that the ambassadors and ministers of the countries represented could perhaps be persuaded to attend and so give a truly international and official air to the event. Perhaps we can lure the President of the United States and high officials of other countries into coming! You never can tell—in mental hygiene work.

"There is not time to say much about the sort of International Congress we ought to hold. Suffice it to say, we shall secure a consensus regarding plans and program before adopting them. Meetings, such as this today, will be held to which will be invited those who have planned and directed other international congresses. In this way we shall avoid

mistakes and perhaps make our Congress notable for efficiency and usefulness. As I have not had experience in managing a Congress and will not have time anyway to attend to the mass of details that will require daily attention for many months, it will be necessary to employ a full-time worker for this task. If a large enough fund can be secured, delegates from various countries will have part or all of their traveling expenses paid. Furthermore, after arrival in this country and after the Congress is over, provided funds are available, these visitors will be taken about the country to see at first-hand institutions and branches of work in which they are especially interested. In this way, the best knowledge that we have to impart in this country will be absorbed and taken to other countries for use there just as we in the United States will profit through the advice of visitors from other countries.

"It seems only right on this occasion that I should run true to form and make a few predictions and visualize, as I see them, some of the possibilities of the International Committee for Mental Hygiene. The projected Congress will be but a passing phase of its work. Its chief purpose will be that of serving as a center and clearing-house for information for all of the mental hygiene 'societies' of the world, also for other types of organizations, for individuals and institutions interested in any phase of mental hygiene. In the same way that our National Committee serves as a coördinating agency and clearing-

house for information in this country, so will the International Committee serve similarly for all countries that care to take part in the mental hygiene movement.

"Conferences and correspondence with representatives of existing mental hygiene organizations at home and abroad show that everyone believes that the office of the International Committee should be located in the United States where the whole movement began. All of the accumulated material and studies of the (U. S.) National Committee for Mental Hygiene secured in connection with surveys during the past decade at considerable expense, are already accessible. Furthermore, reports of all kinds have begun to be received by the Organizing Committee from correspondents in foreign counties. Dr. Riedel of Rio de Janeiro has offered to forward a complete set of reports, together with plans and photographs of his very modern institution. It takes but little imagination to see that one day the office of the International Committee will become a center for information, similar in character to the offices of other international agencies. At the initial meeting of the Organizing Committee held in February, 1919, I pictured an 'International Institute', to serve as the headquarters for the International Committee and a center for international mental hygiene activities. A rather large order, no doubt, but one quite within the realm of possibilities. The great problem before

us is that of financing the Congress and the International Committee. I feel confident this can be done.

"Before closing, some business must be transacted. It can be done very quickly provided I am authorized to formulate the votes later and incorporate them in the minutes. Most important of all is the creating of a permanent Organizing Committee, with a permanent chairman and a permanent secretary. The form and size of the permanent Organizing Committee was discussed informally before luncheon by a number of us. It was the opinion that the temporary Organizing Committee is too large to function; and it was also thought that the members of the permanent Organizing Committee resident in Canada and the United States should be given full power to do whatever may be necessary to complete the International Committee and arrange for the First International Congress. Centering the power to act in this way will prevent delays. Dr. Genil-Perrin, Secretary of the French League, who served as Secretary General of the Congress of Paris, held in June, 1922, will be asked to enlist the interest of leaders in various European countries in the projected International Congress. The proposed permanent Organizing Committee will, of course, be added to from time to time under rules that it will adopt to cover all contingencies. It was further decided that a Group of Advisers should be created containing a fairly large number

familiar with one or another of the problems to be considered. Then, when advice on a given subject is needed, all Advisers who have special knowledge to offer will be invited to attend a meeting or luncheon or dinner at which a given plan is to be formulated. Advice will also be sought through correspondence.

"May I thank everyone for coming and making it possible to plan the next moves in the international work? We can now proceed without delay and with every assurance of success."

Dr. Duggan: "It is assumed that the recommendations offered are acceptable. They will, therefore, be incorporated in the minutes in the form of votes.

"I have always heard that a cause is something in the nature of an abstraction and that in order to realize what the cause is it must be wound around some personality. I think that explains the tremendous success of the mental hygiene movement. After listening to Mr. Beers this afternoon I can understand why he gets results."

OFFICERS AND PERSONNEL
of
THE ORGANIZING COMMITTEE
of
THE INTERNATIONAL COMMITTEE FOR MENTAL HYGIENE

370 Seventh Avenue, New York City

OFFICERS

DR. WILLIAM H. WELCH, *Chairman*
DR. ARTHUR H. RUGGLES, *Chairman, Executive Committee*
CLIFFORD W. BEERS, *General Secretary*

Membership of the Organizing Committee

The Organizing Committee is composed of those listed on pages 164 to 180 of this brochure as members of the Committee on Organization of the First International Congress on Mental Hygiene; and the membership of the Executive Committee is the same as that of the Executive Committee of the Committee on Organization of the Congress.

The following countries are represented in the Organizing Committee of the International Congress:

Australia	Greece	Russia
Belgium	Holland	Spain
Brazil	Hungary	Sweden
Canada	India	Switzerland
Cuba	Italy	Syria
Denmark	Japan	Tasmania
Finland	New South Wales	Union of South Africa
France	New Zealand	United States of America
Germany	Norway	
Great Britain	Porto Rico	

Preliminary Announcement

FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE

(Issued, November, 1929)

To be held at Washington, D. C.
United States of America

May 5th to 10th, 1930

Administrative Office
370 Seventh Avenue, New York, N. Y.

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DR. WILLIAM H. WELCH
Director, Department of History of Medicine, Johns Hopkins University

HON. RAY LYMAN WILBUR, M.D.
Secretary of the Interior

Correspondence should be addressed to the
Administrative Office
370 Seventh Ave., New York, N. Y.

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U. S. A.

A REQUEST FOR COÖPERATION

THE Committee on Organization of the First International Congress on Mental Hygiene earnestly requests the coöperation of all governments, voluntary organizations, and individuals, interested in better mental health for all people, in making this first world congress on mental hygiene of vital significance to the cause it would serve. The Committee recognizes its dependence upon such coöperation.

As a temporary body organized for the occasion, lacking the experience of a permanent international organization with a constituent membership upon which to rely and with limited resources of time and funds, the Committee must depend upon the initiative of those interested in the Congress to spread the knowledge of its purposes and program among a wider group than it would be possible to reach by direct means.

The Committee will therefore appreciate the assistance of such readers of this Announcement as will be willing to extend the coöperation we request. The Committee will be pleased to send additional copies of this Preliminary Announcement upon request and invites the correspondence of governments, organizations and individuals with its Administrative Secretary, Mr. John R. Shillady, 370 Seventh Avenue, New York, N. Y.

ARTHUR H. RUGGLES, M.D.,
Chairman, Committee on Organization

PRELIMINARY ANNOUNCEMENT

First International Congress on Mental Hygiene

I. Peoples of the World Invited.

The Committee on Organization of the First International Congress on Mental Hygiene, acting as the representative of national mental hygiene societies and related organizations throughout the world, announces a world meeting on mental hygiene to be held at Washington, D. C., United States of America, from May 5th to 10th, inclusive, 1930. The Committee invites the attendance and participation of all governments, organizations and individuals who are interested in better mental health for all people.

II. President of the United States Honorary President.

His Excellency, the Honorable Herbert Hoover, President of the United States, is Honorary President of the First International Congress.

III. Associated Meetings.

The American Psychiatric Association and the American Association for the Study of the Feebleminded will hold their 1930 annual meetings in conjunction with the First International Congress. It can safely be predicted that the conjoint meetings of these two Associations with the

International Congress will bring together during Congress week, to greet their co-workers from other lands, the largest and most significant assemblage of American psychiatrists in the history of the mental hygiene movement.

Both of the Associations are participating in every phase of Congress activity. The programs of the Congress sessions, and of the two Associations, are being worked out in close coöperation. Both of the Associations are represented on the Committee on Program as well as on committees responsible for the organization of the Congress.

IV. Purposes of the Congress.

The principal purposes of the Congress are:

1. To bring together from all countries, at this first international congress, workers in mental hygiene and related fields, for exchange of information and experience and for mutual consideration of individual and social problems growing out of nervous and mental disease, mental defect and mental and emotional maladjustments of the individual to his personal and social environment.
2. To consider ways and means of world coöperation and of more effective promotion of mental hygiene within the various countries.
3. Through a program planned for the purpose, to endeavor to correlate the special knowledge and experience of psychiatrist, psychologist, psychiatric social worker, occupational therapist, public administrator, educator, sociologist and those of related professions, in determining how best to care for and treat the mentally sick, to prevent mental illness and to conserve mental health.

4. Through discussion and conference, to endeavor to arrive at common agreements concerning sound mental hygiene objectives for the organized movement.
5. Through news and comment resulting from the Congress, to arouse greater world interest in mental hygiene; greater acceptance of the idea that mental disease can, in large measure, be prevented; that greatly increased governmental and philanthropic expenditures for mental health will find justification in lives saved for productive activity and will be good public policy.

An "Organizing Committee of the International Committee for Mental Hygiene", upon which the national mental hygiene societies of various countries are represented, has been in existence for some time and will make recommendations to the Congress with respect to permanent international organization.

Special committees will sit between sessions to consider and report to the Congress upon the "Mental Hygiene Objectives" mentioned in paragraph 4 above. These committees will include leading physicians, psychologists, psychiatric and other social workers, industrial and personnel managers, educators, lawyers, sociologists, hospital administrators and others in vocations and professions that are closely related to mental hygiene.

With definite questions of policy and program to consider, upon which preliminary data will have been collected prior to the Congress, these special committees of individuals familiar with the various

special fields affected, may confidently be expected to work out a series of agreements upon mental hygiene objectives which will be of great educational and stimulative value to the mental hygiene movement.

V. Attendance Open to All Seriously Interested.

Attendance is not limited to members of particular organizations or representatives of special professional groups. All who have a serious interest in mental hygiene will be welcome. Terms of enrollment as members of the Congress are herein described.

VI. The Program Committee.

Responsibility for the Congress program is vested in the following Committee on Program, which is assisted by an advisory committee, composed of representatives of the various countries taking part in the Congress and representatives of professions allied to or active in mental hygiene work:

Dr. Frankwood E. Williams, Chairman; Medical Director, The National Committee for Mental Hygiene; Lecturer in Psychiatry, School of Medicine, Yale University; Editor, *Mental Hygiene.*

Dr. C. Macfie Campbell, Director, Boston Psychopathic Hospital; Professor of Psychiatry, Harvard University.

Dr. William Healy, Director, Judge Baker Foundation; Lecturer, Yale University Institute of Human Relations.

Dr. Lawson G. Lowrey, Director, Institute for Child Guidance, New York City; Chairman, Program Committee of the American Psychiatric Association.

Dr. Howard W. Potter, Assistant Director, Psychiatric Institute and Hospital, New York City; Clinical Professor of Psychiatry, College of Physicians and Surgeons, Columbia University; Secretary and Treasurer of the American Association for the Study of the Feebleminded.

Dr. Arthur H. Ruggles, Superintendent, Butler Hospital, Providence, Rhode Island; Consultant, Mental Hygiene Department, Yale University; Chairman, Executive Committee, The National Committee for Mental Hygiene; President, The American Foundation for Mental Hygiene.

The Committee on Program, like other working committees of the Congress, is composed of members who can attend frequent meetings and be available for almost constant consultation. The Advisory Committee on Program consists, as this Announcement goes to press (November, 1929), of the following members. Representation of additional countries is being arranged. Announcement of the members from such countries will be made later.

Representing Participating Countries

Dr. Gonzalo Bosch, *Argentina*

Dr. August Ley, *Belgium*

Dr. Gustavo Riedel, *Brazil*

Dr. C. M. Hincks, *Canada*

Dr. Ernest de Vries, *China*

Dr. Viggo Christiansen, *Denmark*

Prof. L. Puusepp, *Estonia*

Dr. Einar Antinnen, *Finland*

Dr. Genil-Perrin, *France*

Dr. Robert Sommer, *Germany*

Dr. Bernard Hart,
Great Britain

Dr. H. Michalacopoulos,
Greece

Dr. José Manuel Arias,
Guatemala

Dr. K. Herman Bouman,
Holland

Dr. Gustav Olah,
Hungary

Lt. Col. Owen A. R. Berkeley-Hill,
India

Miss Cornelia Sorabjii,
India

Dr. Guilio Cesare Ferrari,
Italy

Dr. Ralph Noble,
New South Wales

Dr. A. E. Falconer,
New Zealand

Prof. Ragnar Vogt,
Norway

Dr. Mario Julia,
Porto Rico

Dr. L. Rosenstein,
Russia

Dr. Gonzalo Rodriguez Lafora,
Spain

Dr. Joseph Lundahl,
Sweden

Dr. Hans W. Maier,
Switzerland

Dr. J. T. Dunston,
Union of South Africa

Dr. Santin Carlos Rossi,
Uruguay

Representing Allied and Related Fields

Anthropology. Franz Boaz, Ph.D., LL.D., Sc.D., Professor of Anthropology, Columbia University.

Education. V. T. Thayer, Ph.D., Educational Director, Ethical Culture Schools, New York City; formerly Professor of Secondary Education, Ohio State University.

Eugenics. Charles B. Davenport, Ph.D., Director, Department of Genetics, Carnegie Institute of Washington, Cold Springs Harbor, Long Island.

Industrial Psychology. Walter V. Bingham, Ph.D., Director, Personnel Research Federation, New York City.

Nursing. Miss Effie J. Taylor, R.N., Professor of Nursing and Superintendent of Nurses, Yale University School of Nursing.

Philosophy. M. C. Otto, Ph.D., Professor of Philosophy, University of Wisconsin; President, Western Division, American Philosophical Association.

Psychiatric Social Work. Miss Mildred C. Scoville, President, American Association of Psychiatric Social Workers; Assistant Secretary, The Commonwealth Fund, New York City.

Psychology. Lewis M. Terman, Ph.D., Professor and executive head of Department of Psychology, Stanford University, California.

Religion. A. Eustace Haydon, D.B., Ph.D., Associate Professor of Comparative Religion, University of Chicago.

Sociology. Ernest Watson Burgess, Ph.D., Professor of Sociology, University of Chicago.

VII. Method of Developing the Program.

Better to achieve the purposes of the Congress, the program will provide for three different types of open meeting and for special committees, sitting between meetings to formulate proposals for subsequent Congress action.

Summed up, the Congress program will be developed:

1. Through three concurrent sessions on each of five mornings, at which subjects of major importance will be presented and discussed;
2. Through evening meetings devoted to addresses of general interest, to be made by outstanding leaders in their fields;
3. Through informal meetings of those who have a mutual interest in specific phases of mental hygiene;
4. Through working committees on special aspects of the mental hygiene program, whose reports will be presented to the Congress for official action.

VIII. Maximum of Discussion; Minimum of Formal Reading of Papers

There will be a maximum of discussion and a minimum of formal reading of papers at the morning sessions. A chief aim of the Committee is to arrange the program of these morning (discussion) sessions so as to encourage the fullest possible exchange of ideas and information, to stimulate debate on specific issues, and to make the sessions of lively interest to all present. The evening general meetings, as is usual at such sessions, will be devoted to addresses, without discussion.

To insure ampler time for discussion at the morning sessions, formal papers, prepared for the occasion, and listed in the official program, will not be read in full. The authors of such papers will make a brief verbal summary of their papers in advance of the discussion. The prepared papers will be printed in full, however, in the official languages of the Congress, English, French, and German, and will be available in pamphlet form to members of the Congress in advance of the sessions.

Selected individuals, who will have studied the formal papers in advance, will open the discussions, which thereafter will be open to members of the Congress. Those who prepare original papers may take the floor at the end of the discussion period, if they desire, to answer questions and sum up the discussion.

IX. No Fixed Program for the Afternoons.

There will be no official or formal sessions of the Congress in the afternoon. Afternoons will be free for recreation; for informal gatherings of various kinds; for informal conferences of persons interested in special phases of mental hygiene work.

The local Committee on Entertainment will provide abundantly for sight-seeing trips, visits to places of general and historic interest and scenic beauty.

X. Program Subjects.

The Committee on Program plans that the subjects to be presented and discussed at the sessions shall have significance as a whole as well as have individual merit. The carrying out of this conception will result in a Congress, the Committee believes, that will be much more valuable than one from which this unifying conception was omitted.

A topical program has been prepared and arrangements are now being made for the discussion of those topics by leaders from various parts of the world.

Among the subjects to be discussed at the morning sessions are those listed below. These subjects are not to be understood as titles of papers but as general descriptions of suggested topics.

Announcement of the specific titles of papers and addresses to be given at the Congress and of the names of speakers will be made well in advance of the convening of the Congress.

Partial List of Subjects for Morning Sessions.

(a) Magnitude of the mental hygiene problem as a health problem.

(b) Organization of community facilities for prevention, care and treatment.

(c) Organization of the mental hospital and its rôle in community life.

(d) Psychopathic hospitals and psychopathic wards in general hospitals.

(e) Care and treatment of mental patients outside of institutions.

(f) Organization of special types of clinical service, as in courts of justice, out-patient departments of hospitals, community clinics, grade and high school clinics, college clinics, and clinics in social welfare agencies.

(g) Types of personnel required in mental hygiene work (physician, psychologist, nurse, social worker, and occupational therapist).

(h) Methods of training of different types of personnel.

(i) Clinical and social research in the field of mental hygiene.

(j) Teaching of mental hygiene and psychiatry in the medical schools: (1) courses for the general student; (2) courses for the student specializing.

(k) Mental hygiene in industry, personnel work and vocational guidance.

(l) Psychiatric social work; its scope and functions.

(m) Mental hygiene aspects of delinquency,

dependency, and other types of social maladjustment.

(n) Marital relationships.

(o) Social aspects of mental deficiency.

(p) Mental hygiene and education; grade school, high school, college.

(q) Special problems of adolescence.

(r) Problems presented by children of special type: (1) the child with superior intelligence; (2) the neurotic child; (3) the child with sensory and motor defects.

(s) Methods and possibilities of the child guidance clinic.

(t) Significance of parent-child and teacher-child relationships in character and personality development.

(u) Parent and teacher training.

(v) Mental hygiene of religious, ethical and moral teaching.

(w) Problems of the pre-school period.

(x) Significance of these problems for the future of the child as individual and as citizen.

(y) Possibilities in the future of human relationships in the light of an increasing knowledge of those factors that help and hinder the emotional, physical, and intellectual development of the individual.

XI. Pre-Congress Survey of Mental Hygiene Work.

The Congress will begin its work upon the safe ground of ascertained fact. A survey of the status of mental hygiene work in various countries of the

world is in process. It is planned that the report of the findings of this survey shall be in print and circulated in advance of the Congress. While too much cannot be promised from this first effort to ascertain what is being done in the mental hygiene field on a world-wide scale, the summary of facts about the existing situation in all countries will serve as a sound basis for subsequent discussion.

XII. American Psychiatric Association and American Association for the Study of the Feebleminded to Have Special Programs in Addition to That of the Congress.

The tentative program that has been outlined in the preceding pages does not include the special programs which are to be conducted by the American Psychiatric Association and the American Association for the Study of the Feebleminded, to which reference has already been made. Inquiries with respect to these programs should be addressed to Dr. Lawson G. Lowrey, Director of the Institute for Child Guidance, 145 East 57th Street, New York City, Chairman of the Program Committee of the American Psychiatric Association; and to Dr. Howard W. Potter, Assistant Director of the Psychiatric Institute, 720 West 168th Street, New York City, Secretary of the American Association for the Study of the Feebleminded.

XIII. Widely Representative Sponsorship.

The First International Congress on Mental Hygiene is sponsored by a Committee on Organi-

ZATION widely representative of the mental hygiene movement, and related movements, in all countries. The membership of the Committee and the list of participating organizations, as of November 1, 1929, are printed on pages 160 to 180 at the end of this Announcement.

XIV. Officers of the Congress.

The officers of the Congress are widely known representatives of the mental hygiene movement and of organizations and institutions whose work is directly, or closely, related to the special subjects to be dealt with at the Congress. The active officers are, necessarily, residents of the country in which the Congress is to be held. Honorary officers, in addition to the President of the United States, are representative of the mental hygiene movement in the countries that will participate in the Congress. Each of the participating countries is represented by an Honorary Vice President who, except where no national organization has as yet been formed, is, in most instances, the president or chairman of the national mental hygiene society of that country.

The list of officers of the Congress, as of November 1, 1929, appears in the front part of this Announcement.

XV. Canadian and United States Members Assume Responsibility for Arrangements.

At the request of members of the COMMITTEE ON ORGANIZATION residing in other countries, the work of preparing for the Congress has been undertaken

by the members living in the United States and Canada. They extend a special welcome to delegates from other countries and will do everything in their power to contribute to their comfort and pleasure, while in Canada or in the United States.

XVI. Local Committee on Arrangements.

The names of the local committee of citizens of the City of Washington, who will be responsible for local arrangements, as well as the local arrangements themselves, will be printed in later announcements.

XVII. Membership in the Congress.

Full membership in the First International Congress is open to individuals upon application to the Administrative Secretary (Mr. John R. Shillady) at 370 Seventh Avenue, New York City, U. S. A., upon payment of five dollars ($5.00), or its equivalent in the money of any given country. Full membership entitles a member to receive all notices, announcements and publications of the Congress, including the *Proceedings* of the sessions, as and when published. Checks or drafts or money orders should be made payable to Thomas W. Lamont, Treasurer, and forwarded to the Administrative Secretary of the Congress.

Membership, without the printed *Proceedings,* which will contain the papers presented at the Congress, is three dollars ($3.00); the *Proceedings,* if ordered separately, will be three dollars and fifty

cents ($3.50), which, as now estimated, will be less than the cost of preparation and printing.

ENROLL NOW IN ORDER (1) To show your interest in, and support of, the Congress; (2) To insure that notices and announcements will surely reach you; (3) To assist the Administrative Office in estimating the probable attendance at the Congress and, therefore, in providing accommodations for all who attend.

The *Proceedings* of the FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE will be a significant and valuable reference book of mental hygiene material, the first summary of world opinion on mental hygiene and related subjects yet published. It is anticipated that there will be a great demand for copies of the *Proceedings.* An edition limited to the approximate number that can be disposed of is an essential condition of Congress financing. An early order for a copy of the *Proceedings,* at $3.50, or early enrollment in the membership of the Congress at $5.00 (which includes the *Proceedings,* and all other announcements and publications of the Congress), is urged.

XVIII. Headquarters of the Congress and of the American Psychiatric Association and the American Association for the Study of the Feebleminded.

Headquarters for the FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE are to be estab-

lished at the Hotel Willard in Washington, D. C., at which, during the Congress, the Congress Bureau and Headquarters will be located. The headquarters of the American Psychiatric Association is to be at the Hotel Willard, that of the American Association for the Study of the Feebleminded at the Hotel Washington, a few doors distant. These Associations, as has already been said, will hold their 1930 meetings in conjunction with the Congress. Most of the meetings are to be held at these two hotels and all sessions of the Congress will be held in the immediate vicinity of Congress Headquarters.

XIX. The Background of the Congress.

1. Twenty Years of Organized Mental Hygiene Work.

The first mental hygiene society in the world was organized at New Haven, Connecticut, U. S. A., May 6, 1908, under the auspices of the group which on February 19, 1909, organized the first *national* mental hygiene society, The (U. S.) National Committee for Mental Hygiene. Clifford W. Beers, Secretary-General of the First International Congress on Mental Hygiene, as many readers know, was the founder and prime mover in both of these pioneer enterprises, which came into existence to carry out plans and purposes set forth in his autobiography, "A Mind That Found Itself", first published in 1908, since which time fifteen editions have been issued.

During the twenty years that have since passed, the peoples of the world have become increasingly conscious of the fundamental importance of mental health and of the fact that mental health, like physical health, may be preserved and enhanced by the giving of attention to known procedures of prevention, care and treatment and to the conservation of mental and emotional life.

Public Health Does, and Must, Include Mental Health. The public cannot be truly healthy unless and until mental health and its conservation are given deserved attention by public health authorities, private health agencies, medical practitioners and private citizens. Man is more than a physical organism. Good health includes good mental and emotional habits no less than good digestion, sound teeth and healthy lungs. The partly figurative, partly matter-of-fact, popular slogan: "Public Health Is Purchasable", applies to mental health no less than to physical health.

2. National Societies for Mental Hygiene in Many Countries.

National, provincial, state and local mental hygiene societies now exist in the leading countries of the world. Mental medicine is now recognized as a major branch of medicine.

3. Mental Hygiene Principles Influencing the Thought of Other Professions and Lay Public.

The vitality of the mental hygiene movement is shown by the remarkable growth of interest manifested by people in all walks of life and in all countries. The fields of education, law, criminology, general medicine, industry, religion, social work and others, have felt its influence in a definite way and to an already substantial degree. "Child guidance" has become descriptive of a whole range of activities, of a specific and recognized character, in which the technicians of the mental hygiene movement—psychiatrists, psychologists and psychiatric social workers—are the accepted leaders.

The law courts, in all enlightened countries, are calling upon mental hygiene agencies for help in dealing with delinquents. "Lay" journals discuss various aspects of subjects within the field of the mental hygiene worker. The daily press is now filled with references to mental hygiene, and regards the subject as one for editorial comment with increasing frequency.

4. World Congress on Mental Hygiene Long Desired and Needed.

Mental hygiene workers in many countries have long desired a World Congress on this important subject. The individual and social ravages of mental disease and mental defect; the startling fact that there are more beds in "mental" hospitals in the United States than in all the general hospitals combined (some other countries report a similar

situation); the hopeful attitude that can now be taken toward mental illness (mental disease and "insanity" being preventable in many cases); the growth of popular interest in mental hygiene; the growth of the organized movement in some countries; its seemingly almost spontaneous development; its interpenetration of existing fields of thought and effort; all these and other considerations have contributed to the desire for a World Congress.

5. The International Congress Opens Evening Sessions on Twenty-Second Anniversary of Founding of First Mental Hygiene Society.

The first evening session of the First International Congress will take on an additional and special significance because of the fact that it will take place on May 6, 1930, which will be the twenty-second anniversary, to a day, of the founding, at New Haven, Connecticut, of the first mental hygiene society in the world. Appropriate commemoration of this historic event will be a feature of the Congress program on that evening.

PARTICIPATING ORGANIZATIONS

National Mental Hygiene Societies in Operation as of November, 1929

(Others are in process of formation.)

Committee on Mental Hygiene of the Austrian Society for Public Health

Belgian League for Mental Hygiene

Brazilian League for Mental Hygiene

Canadian National Committee for Mental Hygiene

Cuban League for Mental Hygiene

Society for Psychic Health of Finland

French League for Mental Hygiene

Japan Mental Hygiene Society

German League for Mental Hygiene

British National Council for Mental Hygiene

National Society for Mental Hygiene of Hungary

Indian Association for Mental Hygiene

New Zealand National Council for Mental Hygiene

Spanish League for Mental Hygiene

Swiss National Association for Mental Hygiene

(U. S.) National Committee for Mental Hygiene

State Mental Hygiene Societies in the United States

California Society for Mental Hygiene

Southern California Society for Mental Hygiene

Colorado Mental Hygiene Society

Connecticut Society for Mental Hygiene

District of Columbia Society for Mental Hygiene

Illinois Society for Mental Hygiene

Indiana Society for Mental Hygiene

Kansas Mental Hygiene Society

Louisville, Kentucky, Society for Mental Hygiene

Louisiana State Society for Mental Hygiene

Mental Hygiene Society of Maryland

Massachusetts Society for Mental Hygiene

Missouri Society for Mental Hygiene

New York State Mental Hygiene Committee, of the State Charities Aid Association

Pennsylvania Mental Hygiene Committee of the Public Charities Association

Rhode Island Society for Mental Hygiene

South Carolina Committee for Mental Hygiene

Utah Society for Mental Hygiene

Washington Society for Mental Hygiene

National Organizations in the United States in Allied and Related Fields

Showing Their Officially Designated Representatives on the Committee on Organization

American Association for the Study of the Feebleminded
Dr. Howard W. Potter

American Association of Psychiatric Social Workers
Miss Helen L. Myrick

American Bar Association, Committee on Psychiatric Jurisprudence
Prof. Rollin M. Perkins

American Child Health Association
Dr. LeRoy A. Wilkes

American Council on Education
Dr. C. R. Mann

American Eugenics Society
Prof. Henry P. Fairchild

American Hospital Association
Dr. Christopher G. Parnall

American Institute of Criminal Law and Criminology
Dr. Robert H. Gault

American Management Association
Dr. C. H. Watson

American Medical Association
Dr. C. Macfie Campbell

American National Red Cross
Col. Ernest P. Bicknell
American Neurological Association
Dr. Smith Ely Jelliffe
American Occupational Therapy Association
Mrs. Eleanor Clarke Slagle
American Orthopsychiatric Association
Dr. Lawson G. Lowrey
American Philosophical Society
Dr. James Rowland Angell
American Psychiatric Association
Dr. Earl D. Bond
American Psychoanalytic Society
Dr. A. A. Brill
American Psychological Association
Dr. F. L. Wells
American Public Health Association
Mr. Homer Calver
American Sociological Association
Dr. William I. Thomas
Association for Research in Nervous and Mental Diseases
Dr. Walter Timme
Association of American Medical Colleges
Dr. Charles P. Emerson
Association of Community Chests and Councils
Mr. Allen T. Burns
Association of Schools of Professional Social Work
Mrs. Eva Whiting White
Child Study Association
Mrs. Sidonie M. Gruenberg
Child Welfare League of America
Mr. C. C. Carstens
Commission on Medical Education
Dr. W. C. Rappleye
Conference of State and Provincial Health Authorities of North America
Hon. Matthias Nicoll, Jr., M.D.
Federal Council of the Churches of Christ in America
Rev. Worth M. Tippy

Medical Women's National Association
Dr. Ellen C. Potter
National Association for the Study of Epilepsy
Dr. G. Kirby Collier
National Catholic Welfare Conference
Dr. Edward A. Strecker
National Committee on Visiting Teachers
Miss Jane F. Culbert
National Conference of Jewish Social Service
Mr. Samuel A. Goldsmith
National Conference of Social Work
Mr. Howard R. Knight
National Congress of Parents and Teachers
Dr. Randall J. Condon
National Crime Commission
Mrs. Richard Derby
National Education Association
Miss Charl O. Williams
National Health Council
Dr. William F. Snow
National Institute of Social Sciences
Hon. William C. Redfield
National League for Nursing Education
Miss Elizabeth C. Burgess
National Probation Association
Mr. Charles L. Chute
National Organization for Public Health Nursing
Miss Katherine Tucker
National Social Work Council
Mr. David H. Holbrook
National Society of Penal Information
Mr. Paul W. Garrett
Personnel Research Federation
Mr. Paul S. Achilles
Social Science Research Council
Mr. Shelby M. Harrison
Taylor Society
Prof. Elliott Dunlap Smith

U. S. Bureau of Education
Hon. William J. Cooper
U. S. Children's Bureau
Miss Grace Abbott
U. S. Public Health Service
Hon. Hugh S. Cumming, M.D.
U. S. Veterans' Bureau
Hon. Frank T. Hines

Committee on Organization

Austria

Dr. Josef Berze, Professor of Psychiatry, University of Vienna; President, Committee for Mental Hygiene of Austrian Society for Public Health

Dr. Alexander Pilcz, Professor of Psychiatry and Neurology, University of Vienna; Vice President, Committee for Mental Hygiene of Austrian Society for Public Health

Dr. Otto Kauders, Assistant, Psychiatric Clinic, Vienna; Secretary, Committee for Mental Hygiene of Austrian Society for Public Health

Belgium

Dr. August Ley, Professor of Psychiatry, University of Brussels; President, Belgian Society for Mental Hygiene

Dr. F. Sano, Medical Superintendent of the Colony at Gheel

Dr. L. Vervaeck, Director, Prison Anthropological Service, Brussels

Brazil

Dr. Ernani Lopes, President, Brazilian League for Mental Hygiene

Dr. Gustavo Riedel, Founder, Brazilian League for Mental Hygiene

Bulgaria

Dr. Stephen Danadjieff, Sophia

Canada

Mr. E. W. Beatty, President, Canadian Pacific Railway; Vice President, Canadian National Committee for Mental Hygiene

Dr. A. S. Desloges, General Medical Director, Hospitals for the Insane

Mrs. David A. Dunlap, Charter Member, Canadian National Committee for Mental Hygiene

Dr. C. M. Hincks, Medical Director, Canadian National Committee for Mental Hygiene

Dr. Charles F. Martin, President, Canadian National Committee for Mental Hygiene

Dr. Colin K. Russel, Member, Executive Committee, Canadian National Committee for Mental Hygiene

Cuba

Dr. Francisco M. Fernandez, Secretary of Public Health and Charities; President, Cuban League for Mental Hygiene

Denmark

Dr. Viggo Christiansen, Copenhagen

Dr. August Wimmer, Professor of Psychiatry, University of Copenhagen

Finland

Dr. med. le Baron E. Hisinger-Jagerskiold, Helsingfors

Dr. med. Remio Lagus, President, Society for Psychic Health

General G. Mannerheim, Founder and President, General Mannerheim's League for Child Welfare

Mrs. Karin Neuman-Rahn, Hon. Secretary, Society for Psychic Health

France

Dr. Henri Claude, Professor of Psychiatry, University of Paris

Mr. Joseph Delaitre, Councilor of State, Paris

Dr. Genil-Perrin, Secretary, French League for Mental Hygiene

Dr. J. Roubinovitch, Faculty of Medicine, University of Paris

Dr. Edouard Toulouse, Medical Director, Ste. Anne Hospital; President, French League for Mental Hygiene

Germany

Dr. Hans Roemer, Medical Counselor to the Baden Ministry of the Interior

Dr. Robert Sommer, President, German Association for Mental Hygiene

Prof. D. W. Weygandt, Director, Psychiatric Clinic, University of Hamburg; Secretary, German Association for Mental Hygiene

Great Britain

J. L. Birley, C.B.E., M.D., F.R.C.P., Physician and Director, Neurological Dept., St. Thomas's Hospital, London; Member, Executive Committee, National Council for Mental Hygiene

Sir Hubert Bond, C.B.E., D.Sc., M.D., F.R.C.P., Commissioner, Board of Control, London; Member, Executive Committee, National Council for Mental Hygiene

Dr. A. Helen Boyle, Member, Executive Committee, National Council for Mental Hygiene

Cyril L. Burt, M.A., D.Sc., Psychologist to the London County Council; Professor of Education, University of London

Sir E. Farquhar Buzzard, K.C.V.O., M.A., M.D., F.R.C.P., Physician Extraordinary to the King; Regius Professor of Medicine, Oxford; Member, Executive Committee, National Council for Mental Hygiene

The Right Honorable The Countess of Chichester, Lewes, Sussex

Sir Maurice Craig, C.B.E., M.D., F.R.C.P., Consulting Physician in Psychological Medicine, Guy's Hospital; Chairman, Medical Committee, Cassel Hospital for Functional Mental Disorders; Consulting Neurologist to the Ministry of Pensions; Member, Executive Committee, National Council for Mental Hygiene

The Honorable Lady Darwin, Cambridge

Miss Evelyn Fox, Secretary, Central Association for Mental Welfare, London; Member, Executive Committee, National Council for Mental Hygiene

Lt.-Col. Edwin Goodall, M.D., Former Medical Superintendent, Cardiff City Mental Hospital

Bernard Hart, M.D., F.R.C.P., Physician in Psychological Medicine, University College Hospital, London; Physician in Psychiatry, National Hospital, London; Joint Editor, Journal of Neurology and Psychopathology

Lt.-Col. John R. Lord, C.B.E., M.D., F.R.C.P.E., Hon. Secretary, National Council for Mental Hygiene; Medical Super-

intendent, Horton Mental Hospital; Co-Editor, Journal of Mental Science

Hamilton Clelland Marr, M.D., F.R.C.P.S., Senior Commissioner of Control for Scotland; President, Royal Medico-Psychological Assn., 1927–28; Member, National Council for Mental Hygiene

Bedford Pierce, M.D., F.R.C.P., Consulting Physician, The Retreat, York; Member, National Council for Mental Hygiene

George M. Robertson, M.D., F.R.C.P.E., Professor of Psychiatry, University of Edinburgh; Physician Consultant in Psychiatry to Royal Infirmary; Physician-Superintendent, Royal Edinburgh Asylum; Member of Executive Committee, National Council for Mental Hygiene

The Right Honorable Sir Leslie Frederic Scott, K.C., M.P., Chairman, Central Association for Mental Welfare; Member, National Council for Mental Hygiene

The Right Honorable Lord Southborough, G.C.B., G.C.M.G., G.C.V.O., K.C.S.I., Hon. Treasurer, National Council for Mental Hygiene

Dr. Henry Yellowlees, Former Medical Superintendent, The Retreat, York

Greece

Dr. H. Michalacopoulos, Athens

Hungary

Dr. Gustav Olah, Pres., Hungarian Society for Mental Hygiene

India

Dr. Owen A. R. Berkeley-Hill, President, Indian Association for Mental Hygiene; European Mental Hospital, Kanke

Italy

Dr. Guilio Cesare Ferrari, Professor of Experimental Psychology, University of Bologna

Japan

Dr. Shuzo Kure, Honorary Professor, Imperial University, Tokio

Netherlands

Dr. K. Herman Bouman, Director, Psychiatric Laboratory, University of Amsterdam

New South Wales

Dr. Ralph Noble, Sydney

New Zealand

Dr. A. R. Falconer, Medical Superintendent, Dunedin Hospital

Dr. Theodore Gray, Director-General, State Mental Hospital Department; Executive, New Zealand National Council for Mental Hygiene

Dr. William Marshall Macdonald, C.B.E., President, New Zealand Medico-Psychological Association; Physician for Nervous and Mental Diseases, Dunedin Hospital (Otaga Medical School)

Norway

Dr. Sigurd Dahlstrom, Oslo

Dr. Hans Evensen, Director, Gaustad Hospital for the Insane

Dr. Ragnar Vogt, Director, Psychiatric Institute, University of Oslo

Porto Rico

Dr. Mario Julia, Director, Hato Rey Sanatorium

Russia

Dr. L. Rosenstein, Director, State Scientific Institute of Neuro-Psychiatric Prophylaxis, Moscow

Spain

Dr. W. Lopez Albo, Director, Asylum of Zaldivar, Bilbao

Dr. Rodriguez Arias, Barcelona

Dr. Gonzalo Rodriguez Lafora, President, Spanish League for Mental Hygiene

Sweden

Dr. Ernst Goransson, Gotenborg

Dr. Joseph Lundahl, Superintendent, State Hospital, Visby

Switzerland

Dr. Hans W. Maier, Professor of Psychiatry, University of Zurich

Dr. A. Repond, President, Swiss National Committee for Mental Hygiene, Monthey (Valais)

Syria

Dr. H. Watson Smith, Medical Superintendent and Director, Lebanon Hospital, Beyrout

Tasmania

Dr. E. Morris Miller, Professor of Psychology, University of Tasmania

Union of South Africa

Dr. J. T. Dunston, Commissioner of Mental Hygiene

United States of America

Miss Grace Abbott, Chief, U. S. Children's Bureau

Mr. Paul S. Achilles, Secretary, Personnel Research Federation

Dr. G. S. Adams, Superintendent, State Hospital, Yankton, South Dakota; Official Representative of South Dakota

Dr. Frederick H. Allen, Director, Philadelphia Child Guidance Clinic

Mr. Frederic W. Allen, Treasurer, National Committee for Mental Hygiene

Dr. F. W. Almond, Public Health Advisor, Idaho; Official Representative of Idaho

Dr. George S. Amsden, Professor of Psychiatry and Director of Mental Hygiene Clinic, Post Graduate Medical School and Hospital, New York City

Dr. V. V. Anderson, New York City, Director of Employment, R. H. Macy & Company, New York

Dr. James Rowland Angell, President, Yale University; Vice President, National Committee for Mental Hygiene

Dr. Benjamin F. Bailey, Official Representative of Nebraska

Dr. William Seaman Bainbridge, Consulting Surgeon, Manhattan State Hospital and others; Member, Permanent Committee, International Congress of Military Medicine and Pharmacy

Hon. Frank Bane, Commissioner of Public Welfare, Virginia

Dr. Albert M. Barrett, Director, State Psychopathic Hospital, Ann Arbor, Michigan

Prof. Arthur L. Beeley, Chairman, Dept. of Sociology and Social Technology, University of Utah

Mr. Clifford W. Beers, Secretary, National Committee for Mental Hygiene; Secretary, American Foundation for Mental Hygiene

Col. Ernest P. Bicknell, Vice Chairman, American National Red Cross

Dr. Malcolm A. Bliss, Honorary President, Missouri Society for Mental Hygiene

Mrs. John Wood Blodgett, Grand Rapids, Michigan

Dr. Earl D. Bond, President, American Psychiatric Association

Hon. A. L. Bowen, Superintendent of Charities, Department of Public Welfare, Illinois; Official Representative of Illinois

Dr. Vernon C. Branham, Medical Director, New York State Committee for Mental Hygiene, of State Charities Aid Association

Dr. L. Vernon Briggs, Boston, Mass.

Dr. A. A. Brill, President, American Psychoanalytic Society

Dr. L. R. Brown, Superintendent, State Hospital for Nervous Diseases, Little Rock, Arkansas; Official Representative of Arkansas

Dr. Samuel A. Brown, Dean, New York University and Bellevue Hospital Medical College; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Albert C. Buckley, Chairman, Eastern Section, Pennsylvania Mental Hygiene Committee, Public Charities Association

Miss Elizabeth C. Burgess, President, National League for Nursing Education

Dr. C. C. Burlingame, Former Executive Officer, Joint Administrative Board, New York Medical Center

Mr. Allen T. Burns, Director, Association of Community Chests and Councils

Mr. Amos W. Butler, President, Indiana Society for Mental Hygiene

Mr. Homer Calver, Executive Secretary, American Public Health Association

Dr. C. Macfie Campbell, Director, Boston Psychopathic Hospital; Professor of Psychiatry, Harvard University

Mr. C. C. Carstens, Executive Director, Child Welfare League of America

Dr. Louis Casamajor, Director, Neurological Laboratories, New York Neurological Institute; Professor of Neurology, College of Physicians and Surgeons, Columbia University

Dr. Clarence O. Cheney, Superintendent, Hudson River State Hospital; Secretary, American Psychiatric Association

Dr. Russell H. Chittenden, New Haven, Conn., Former Dean, Sheffield Scientific School, Yale University; Member, Board of Directors, National Committee for Mental Hygiene

Mr. Charles L. Chute, General Secretary, National Probation Association

Dr. William B. Coley, New York, N. Y., Professor of Clinical Cancer Research, Cornell University Medical School; Member, Board of Directors, National Committee for Mental Hygiene Hygiene

Dr. G. Kirby Collier, Secretary, National Association for the Study of Epilepsy

Dr. Randall J. Condon, Superintendent of Schools, Cincinnati, Ohio; Vice President, National Congress of Parents and Teachers

Hon. William J. Cooper, Commissioner, U. S. Bureau of Education

Dr. Owen Copp, Consultant for Development, Pennsylvania Hospital, Philadelphia

Dr. Harry W. Crane, Director, Bureau of Mental Health and Hygiene, North Carolina State Board of Charities and Public Welfare

Miss Hester B. Crutcher, Executive Secretary, Connecticut Society for Mental Hygiene

Miss Jane F. Culbert, Secretary, National Committee on Visiting Teachers

Hon. Hugh S. Cumming, M.D., Surgeon General, U. S. Public Health Service

Dr. Harvey Cushing, Boston, Mass., Professor of Surgery, Harvard Medical School

Dr. Clarence J. D'Alton, National Committee for Mental Hygiene

Dr. Charles B. Davenport, Director, Department of Genetics, Carnegie Institution of Washington; Member, Board of Directors, National Committee for Mental Hygiene

Mrs. Richard Derby, Oyster Bay, N. Y., Chairman, Sub-Committee on Aspects of Crime, National Crime Commission; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Edward T. Devine, Director, Bellevue-Yorkville Health Demonstration, New York

Dr. Ambrose F. Dowd, Chairman, Mental Hygiene Committee, New Jersey State Board of Control

Dr. William F. Drewry, Director, Bureau of Mental Hygiene, Department of Public Welfare, Virginia

Dr. Louis I. Dublin, Statistician, Metropolitan Life Insurance Co.

Dr. Stephen P. Duggan, Director, Institute of International Education; Member, Board of Directors, National Committee for Mental Hygiene

Mrs. William F. Dummer, Chicago, Illinois

Dr. Franklin G. Ebaugh, Director, University of Colorado Psychopathic Hospital

Dr. Henry B. Elkind, Medical Director, Massachusetts Society for Mental Hygiene

Hon. William J. Ellis, Commissioner, New Jersey State Department of Institutions and Agencies; Official Representative of New Jersey

Mr. Everett S. Elwood, Executive Secretary and Treasurer, National Board of Medical Examiners

Mr. Edwin R. Embree, President, Julius Rosenwald Fund

Dr. Charles P. Emerson, President, National Committee for Mental Hygiene; Professor of Medicine and Dean, Indiana University School of Medicine

Dr. Haven Emerson, Professor of Public Health Administration, Columbia University; Member, Board of Directors, National Committee for Mental Hygiene

Prof. Henry P. Fairchild, President, American Eugenics Society

Dr. Frederick J. Farnell, Chairman, Rhode Island State Public Welfare Commission

Dr. Livingston Farrand, President, Cornell University

Dr. W. H. P. Faunce, President Emeritus, Brown University; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Irving Fisher, New Haven, Conn., Professor of Political Economy, Yale University

Mr. Homer Folks, Secretary, State Charities Aid Association, New York; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Lee K. Frankel, Second Vice President, Metropolitan Life Insurance Company

Dr. Charles H. Frazier, Former President, American Neurological Association; President, Pennsylvania Mental Hygiene Committee, Public Charities Association; Member, Board of Directors, National Committee for Mental Hygiene

Mr. Paul W. Garrett, Executive Secretary, National Society of Penal Information

Dr. Robert H. Gault, Professor of Psychology, Northwestern University; Editor, Journal, American Institute of Criminal Law and Criminology

Miss Julia George, Secretary, California Society for Mental Hygiene

Dr. Arnold Gesell, Director, Yale Psycho-Clinic, Yale University; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Bernard Glueck, New York City

Mr. Samuel A. Goldsmith, President, National Conference of Jewish Social Service

Miss Esther F. Greene, General Secretary, Rhode Island Society for Mental Hygiene

Hon. Hal H. Griswold, Director of Public Welfare, Ohio; Official Representative of Ohio

Mrs. Sidonie M. Gruenberg, Director, Child Study Association

Dr. L. V. Guthrie, Superintendent of Huntington State Hospital; Official Representative of West Virginia

Mr. Shelby M. Harrison, Vice Director, Russell Sage Foundation; Member, Committee on Problems and Policy, Social Science Research Council

Dr. Robert H. Haskell, Director, Wayne County Training School, Northville, Michigan

Dr. C. Floyd Haviland, Superintendent, Manhattan State Hospital, New York; Member, Board of Directors, National Committee for Mental Hygiene

Dr. William Healy, Director, Judge Baker Foundation; Lecturer, Institute of Human Relations, Yale University

Dr. D. Percy Hickling, Executive Secretary, Society for Mental Hygiene of District of Columbia

Hon. Frank T. Hines, Director, U. S. Veterans' Bureau

Dr. Frederick L. Hoffman, Consulting Statistician, Prudential Insurance Company of America

William J. Hoggson, New York, N. Y., a founder of the pioneer Connecticut Society for Mental Hygiene; Member, Board of Directors, National Committee for Mental Hygiene

Dr. C. S. Holbrook, Louisiana Society for Mental Hygiene
Mr. David H. Holbrook, Secretary, National Social Work Council
Dr. E. M. Howard, President, Kentucky Medical Association; Official Representative of Kentucky
Dr. Charles S. Huffman, Chairman, Kansas State Board of Administration; Official Representative of Kansas
Dr. Edward H. Hume, Director, New York Post Graduate Hospital
Dr. Philip P. Jacobs, Director, Publications and Extension Service, National Tuberculosis Association
Dr. Joseph Jastrow, New York; formerly Professor of Psychology, University of Wisconsin
Dr. Smith Ely Jelliffe, President, American Neurological Association
Dr. Marion E. Kenworthy, Director, Mental Hygiene Department, New York School of Social Work
Mr. John A. Kingsbury, Secretary, Milbank Memorial Fund, New York
Dr. George H. Kirby, Director, New York State Psychiatric Institute, New York
Dr. George W. Kirchwey, Director, Department of Criminology, New York School of Social Work
Hon. George M. Kline, M.D., Commissioner, Massachusetts State Department of Mental Diseases; Official Representative of Massachusetts
Dr. Augustus S. Knight, Medical Director, Metropolitan Life Insurance Company; Member, Board of Directors, National Committee for Mental Hygiene
Mr. Howard R. Knight, Secretary, National Conference of Social Work
Prof. K. S. Lashley, President, American Psychological Association
Miss Julia C. Lathrop, Assessor, Child Welfare Committee, League of Nations, former Chief, U. S. Children's Bureau
Rt. Rev. William Lawrence, D.D., Vice President, National Committee for Mental Hygiene
Mr. Porter R. Lee, Director, New York School of Social Work
Mr. Sam A. Lewisohn, New York; Member, Board of Directors, National Committee for Mental Hygiene

Dr. C. S. Little, Superintendent, Letchworth Village, N. Y.; Member, Board of Directors, National Committee for Mental Hygiene

Dr. William F. Lorenz, Professor of Psychiatry, University of Wisconsin; Official Representative of Wisconsin

Dr. Lawson G. Lowrey, Director, Institute of Child Guidance, New York; President, American Orthopsychiatric Association

Dr. Henry Noble MacCracken, President, Vassar College

Dr. LeRoy M. A. Maeder, Secretary, Pennsylvania Mental Hygiene Committee, Public Charities Association

Dr. C. R. Mann, Director, American Council on Education

Dr. Clarence P. May, President, Louisiana Society for Mental Hygiene

Mr. George A. McAneny, New York City

Dr. James L. McCartney, Director, Division of Mental Hygiene, Connecticut State Department of Health

Mr. Tracy M. McGregor, President, Merrill-Palmer School, Detroit; Managing Trustee, McGregor Institute; Member, Board of Directors, National Committee for Mental Hygiene

Dr. George E. McPherson, Former President, American Association for the Study of the Feebleminded

Dr. Karl A. Menninger, Director, Menninger Clinic, Topeka; Member, Board of Directors, Kansas Mental Hygiene Society

Dr. Adolf Meyer, Professor of Psychiatry, Johns Hopkins University; Director, Henry Phipps Psychiatric Clinic

Miss Helen L. Myrick, Executive Secretary, Illinois Society for Mental Hygiene; former President, American Association of Psychiatric Social Workers

Hon. Matthias Nicoll, Jr., M.D., New York State Commissioner of Health; President, Conference of State and Provincial Health Authorities of North America

Dr. Frank J. O'Brien, Medical Director, Louisville Society for Mental Hygiene

Dr. Samuel T. Orton, former President, American Psychiatric Association

Dr. M. C. Otto, Professor of Philosophy, University of Wisconsin

Judge Hugo Pam, Vice-President, Illinois Society for Mental Hygiene

Dr. Christopher G. Parnall, Medical Director, Rochester General Hospital; President, American Hospital Association

Hon. Frederick W. Parsons, M.D., Commissioner, New York State Department of Mental Hygiene

Hon. Herbert C. Parsons, Commissioner of Probation, Massachusetts

Prof. Rollin M. Perkins, College of Law, Iowa State University; Chairman, Committee on Psychiatric Jurisprudence, American Bar Association

Dr. Frederick Peterson, former Professor of Psychiatry, Columbia University, New York; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Horatio M. Pollock, Director, Statistical Bureau, New York State Department of Mental Hygiene

Dr. Ellen C. Potter, President, Medical Women's National Association

Dr. Howard W. Potter, Assistant Director, New York State Psychiatric Institute, New York; Secretary-Treasurer, American Association for the Study of the Feebleminded

Dr. George K. Pratt, Assistant Medical Director, National Committee for Mental Hygiene

Hon. George H. Preston, M.D., Commissioner, Maryland State Board of Mental Hygiene; Official Representative of Maryland

Dr. H. H. Ramsey, Superintendent, Mississippi Colony and School for Feebleminded; Official Representative of Mississippi

Dr. W. C. Rappleye, Director of Study, Commission on Medical Education

Hon. William C. Redfield, President, National Institute of Social Sciences

Miss Margaret Reeves, Director, Bureau of Child Welfare, New Mexico; Official Representative of New Mexico

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Mr. Harry P. Robbins, New York City; Member, Executive Committee, National Committee for Mental Hygiene

Dr. C. J. Rohwer, Washington Society for Mental Hygiene

Dr. L. S. Rowe, Director-General, Pan-American Union

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dence, R. I.; Chairman, Executive Committee, National Committee for Mental Hygiene; Official Representative of Rhode Island

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Dr. Bernard Sachs, Neurologist, Mt. Sinai Hospital, N. Y.; Consulting Physician, Manhattan State Hospital and others; Vice-President, National Committee for Mental Hygiene

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Mr. Charles A. Stone, New York; Member, Board of Directors, National Committee for Mental Hygiene

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Dr. Walter Timme, New York Neurological Institute

Rev. Worth M. Tippy, Executive Secretary, Commission on the Church and Social Service, of the Federal Council of the Churches of Christ in America

Dr. Ralph P. Truitt, Executive Secretary, Mental Hygiene Society of Maryland

Miss Katharine Tucker, General Director, National Organization for Public Health Nursing

Mr. Howard B. Tuttle, Naugatuck, Conn.; Member, Board of Directors, National Committee for Mental Hygiene

Mr. Victor M. Tyler, New Haven, Conn.; Member, Board of Directors, National Committee for Mental Hygiene

Dr. George L. Wallace, Superintendent, Wrentham State School, Massachusetts; President, American Association for the Study of the Feebleminded; Member, Board of Directors, National Committee for Mental Hygiene

Dr. C. H. Watson, Medical Director, American Telephone and Telegraph Company

Dr. William H. Welch, Director, Department of History of Medicine, Johns Hopkins University; Honorary President, National Committee for Mental Hygiene

Dr. F. L. Wells, Chief, Psychological Laboratory, Boston Psychopathic Hospital

Mrs. Eva Whiting White, Director, Simmons College School of Social Work; President, Association of Schools of Professional Social Work

Dr. William A. White, Superintendent, St. Elizabeths Hospital, Washington, D. C.; Professor, Nervous and Mental Diseases, Georgetown University; Member, Executive Committee, National Committee for Mental Hygiene

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Hon. Ray Lyman Wilbur, M.D., Secretary of the Interior; Member, Board of Directors, National Committee for Mental Hygiene

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Dr. LeRoy A. Wilkes, Director, Division of Medical Service, American Child Health Association

Dr. Benjamin F. Williams, Official Representative of Nebraska

Dr. C. F. Williams, Superintendent, South Carolina State Hospital; Official Representative of South Carolina

Miss Charl O. Williams, Legislative Secretary, National Education Association

Dr. Frankwood E. Williams, Medical Director, National Committee for Mental Hygiene; Lecturer in Psychiatry, School of Medicine, Yale University

Dr. C.-E. A. Winslow, Professor of Public Health, Yale Medical School; Expert Assessor, Health Organization of League of Nations; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Milton C. Winternitz, Dean, Yale Medical School; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Robert M. Yerkes, Professor of Psychology, Yale University; Editor, Journal of Comparative Psychology; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Hugh Hampton Young, President, Maryland State Board of Mental Hygiene

Mrs. William K. Vanderbilt, New York; Member, Board of Directors, National Committee for Mental Hygiene

Dr. Miriam Van Waters, Referee, Juvenile Court, Los Angeles, California; President, National Conference of Social Work

International

Mr. T. B. Kittredge, Secretary General, League of Red Cross Societies, Paris

Dr. René Sand, Technical Counselor, League of Red Cross Societies, Paris

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TWENTY YEARS OF MENTAL HYGIENE *

C.-E. A. Winslow

Professor of Public Health, Yale School of Medicine; President, Connecticut Society for Mental Hygiene

TWENTY years is not an astonishingly long period in the life even of an individual. It is a brief period in the life of a state or a nation, and an infinitesimal episode in the history of the human race. Yet it is perhaps not too much to say that, in the field with which we are here concerned, the last two decades have done more to change the attitude of America toward mental disease and defect than all the centuries that preceded them.

Lieutenant-Colonel J. E. Lord, Honorary Secretary of the National Council for Mental Hygiene of Great Britain, has recently reminded us that in the eighteenth century "nearly the whole of the indigent mentally afflicted were either at large, living by such few wits as they possessed from birth or were left to them after some acute attack, and subjected to the jeers, jibes, rough humor and sport — even the violence and brutality — of the public; or, if considered dangerous, they were confined by a magistrate's order . . . in jails, houses of correction, poorhouses, and houses of industry, where they were in an infinitely worse plight than

* Address delivered April 13, 1928, at the Twentieth Annual Meeting of the Connecticut Society for Mental Hygiene, founded May 6, 1908.

when at large. . . . In some of these institutions there were separate apartments for the insane, but as often as not vice, crime, misfortune, mental infirmity, and chronic diseases of the most revolting kind were all sequestered together and treated alike. The insane were, as a rule, chained or tied with ropes, unutterably dirty, in filthy surroundings, with beds of straw rarely renewed, or with no beds at all save the cold stone floors. Often they were without any covering either by day or night. They were starved, not infrequently flogged, and sometimes killed."

This was the eighteenth century. In the nineteenth, institutions for the care of mental disease were greatly increased in number and improved in quality. Philippe Pinel, in 1792, during the French Revolution, for the first time in medical history attempted to treat the insane as human beings. "At the risk of his own life and liberty, he initiated the reform of striking off their chains, placing them in hospitals under lenient physicians, and doing away with the abuses of drugging and blood-letting to which they were subjected." Fifty years later, Dorothea Dix in America played a noble part in arousing public opinion in regard to the pitiful plight of the insane, and was instrumental in founding no less than thirty-two institutions for their care. By the end of the nineteenth century, thanks to Conolly and the Tukes, to Griesinger, Meynert, Wernicke, Kraepelin, Bleuler, and Krafft-Ebing,

modern psychiatry was born. Leaders like Adolf Meyer and August Hoch and Stewart Paton and William A. White and Thomas W. Salmon understood that there was no sharp line between the mentally ill and the mentally well. They knew that a patient suffering from mild or acute mental deviations was no more blameworthy, no more to be dealt with by force and punishment, than a man with a sprained ankle or a broken leg. They knew that mental disease should be regarded just as any other type of disease is regarded, and that, when so approached, such disease is in large measure preventable and curable.

But the public did not understand these things; the medical profession as a whole did not understand them; nor did the legal authorities. The enthusiasm aroused by Dorothea Dix, which had led to the establishment of so many state hospitals for mental cases throughout the United States in the middle of the nineteenth century, had spent its force. As has been pointed out in the literature on this subject, satisfaction with the new conditions prevailed for a time, but presently a reaction set in, due to excessive enthusiasm and extravagant promises. The hospitals could not make good their claims with reference to treatment and cure, and the status of their patients gradually reverted to the custodial level. With this came a change of public feeling toward the asylums, which resulted effectually in their dehospitalization. They were at first wide

open, and as free of access as any other type of hospital, but the revulsion of feeling that now took place with regard to their appropriateness as places for the care of the mentally sick rendered them more and more inaccessible, until eventually laws were enacted that in many cases made it almost impossible to get patients into these institutions. Medical and administrative standards fell and conditions became progressively worse. The hospitals became involved legally and politically and rapidly deteriorated into mere places of custody. They became "asylums", with connotations in the public mind quite the opposite from those originally identified with the term in its beneficent sense. The interests and welfare of the insane became secondary to the protection of the community, abuses crept in, and a long period of neglect and inefficiency followed. It is not too much to say that the legal and institutional procedure for dealing with mental disease at the beginning of the present century was on the whole calculated to promote and increase mental deviation rather than to check or cure it.

What has happened during the past twenty years so radically to change this situation in so short a time? Why have "insane asylums" become "state hospitals"? Why have the typical "violent wards" of the last century practically disappeared? Why have mental-hygiene clinics grown up through the country to the number of several hundred? Why are the courts and the schools more and more turn-

ing to the psychiatrist with their problems? Why does the public now regard insanity as a disease rather than a crime? Why do we have a "mental-hygiene movement"?

Scores of psychiatrists, hundreds of wise physicians and social workers and judges and teachers, thousands of public-spirited laymen and laywomen have contributed to this cause; but one individual has been the primary catalytic agent in the awakening of the American public to its new and revolutionary attitude. That individual, the founder of the Connecticut Society, the National Committee, and of the mental-hygiene movement, honors us with his presence to-day.

> "'Tis in the advance of individual minds
> That the slow crowd should ground their expectation
> Eventually to follow; as the sea
> Waits ages in its bed till some one wave
> Out of the multitudinous mass extends
> The empire of the whole, some feet perhaps,
> Over the strip of sand which could confine
> Its fellows so long time; thenceforth the rest,
> Even to the meanest, hurry in at once,
> And so much is clear gained."

Clifford Beers, as you all know, was a New Haven boy who graduated from Yale in 1897, and in 1900 broke down mentally and became a patient in both public and private institutions of this state. In September, 1903, after a little over three years of mental illness, he reëntered the world of men.

So far, the experience was by no means an unusual

one. The wonders were to follow. For this recovered mental case did not put his sufferings behind him and strive to forget them. He remembered his own experiences and he remembered the hundreds of thousands who were going through similar experiences and would go through them in the years to come. With recovered sanity, he retained the crusading zeal of his period of abnormal elation. He abandoned his business career to devote his life to the cause. He had the courage to set down every detail of his experience in that remarkable book, *A Mind That Found Itself,* with an introduction by William James, who wrote to the author: "You have handled a difficult theme with great skill and produced a narrative of absorbing interest to scientist as well as to layman. It reads like fiction, but it is not fiction; and this I state emphatically, knowing how prone the uninitiated are to doubt the truthfulness of description of abnormal mental processes. I think that your tenacity of purpose, foresight, tact, temper, discretion, and patience are beyond all praise, and I esteem it an honor to have been in any way associated with you. Your name will loom big hereafter, for your movement must prosper."

A Mind That Found Itself, which has now run through thirteen printings, appeared in March, 1908. On May 6 of that year, there was held at the home of Anson Phelps Stokes, Jr., a meeting for the organization of the Connecticut Society for Mental Hygiene. It was attended by fourteen persons,

whose names may be remembered here to-day with honor. They were Miss Rebekah Bacon, Clifford W. Beers, George M. Beers, Robert A. Beers, James Kingsley Blake, Frederick S. Curtis, Dr. Allen R. Diefendorf, Dr. Gustavus Eliot, Everett G. Hill, William J. Hoggson, Judge A. McC. Mathewson, Dr. Elizabeth Spencer McCall, Dr. Henry W. Ring, and Reverend Anson Phelps Stokes, Jr. On June 4 of the same year, a second meeting was held at which a constitution was adopted. By this time Mr. Beers's energy had secured for the society a membership of 105 persons, a good showing for a new kind of society in a new field.

On February 19, 1909, The National Committee for Mental Hygiene was organized, and Mr. Beers left his first nursling to shift for itself (though, as to-day, with frequent parental help and guidance in an emergency) while he moved on into a larger field. What the National Committee has accomplished in its nineteen years of life under Mr. Beers, during the first ten years in association with the late Dr. Thomas W. Salmon, is well known to many of us. Through the general propaganda that it has sponsored and the specific surveys that it has conducted with the financial aid of the Rockefeller Foundation, the grosser evils of jail and almshouse care of mental cases have been largely eliminated; institutional facilities of a proper type have been vastly expanded and in considerable measure removed from political influence and placed under competent psychiatric direction; methods of diag-

nosing, classifying, and treating mental disease have been revolutionized; and through provision for temporary care and observation, emergency commitments, and voluntary admissions, a medical point of view has begun to replace the legal attitude that so long dominated the admission of patients to mental hospitals.

Second in order, though not in importance, to this reform in custodial care has been the development of the concept of prevention—the effort to deal with mental disease in the making. This has led to our program of psychopathic wards for bringing first aid to the mentally injured and of outpatient clinics with psychiatric social service, through which so many incipient cases of mental disease can be checked by the adjustment of environmental factors and by guiding the individual along the difficult path of self-mastery.

Parallel to this machinery for dealing with mental disease has come the community program for the care of mental defect, with provision for the identification of the feebleminded, special education and social supervision for the higher-grade defectives who can be molded into useful citizens, and institutional segregation for those so seriously handicapped as to be unable to adapt themselves to community life. We are coming to recognize that the high-grade moron is perhaps a necessary and desirable element in a civilization that involves the performance of many routine tasks repulsive to the intellectually alert; even though the voting power

of the moron, when marshaled by a skilled leader, may offer serious political difficulties, as recently manifested in Chicago.

The new concepts of mental disease and defect are working a revolution in penal policies, as evidenced by the presence of a mental clinic as a central feature in certain modern prisons, based on the pioneer study made by the National Committee at Sing Sing Prison under Dr. Bernard Glueck. We shall move still further along this line in the future, as indicated by Governor Smith of New York in his recent suggestion that judges and juries should merely decide on the facts in a criminal case, the diagnosis and treatment of the offender to be decided by a board of medical and social experts.

One of the most valuable pieces of work performed by the National Committee was that accomplished in connection with the Great War, when all of its energies were devoted to the upbuilding of machinery for the detection and treatment of mental disorders among soldiers. The resulting program attracted world-wide attention and caused the United States record for "shell shock" to be astonishingly good in comparison with that of other countries which had to mobilize without such safeguards and which were unable to furnish the same facilities for early treatment and prolonged after care.

In 1921, the National Committee joined forces with the Commonwealth Fund in a project for the study of juvenile delinquency—and the whole move-

ment entered upon a new and most significant phase. In all fields of public health, the desire for prevention leads us to push constantly back toward earlier and more controllable symptoms of deviation. Above all, this is true in the mental field, where we recognize that so often faulty habits of mental hygiene are deeply ingrained during the first five years of life. Mental health, like physical health, is the result of a reaction between heredity and environment; and the mental environment of the pre-school child is created by its parents. If the child's personality be suppressed in its normal and proper desire for self-expression and self-satisfaction, it too often defends itself by the development of a compensatory defense reaction which makes it a rebel and a non-coöperator all its days; or it escapes from reality into a world of dreams which may quite shut out the world of reality from view; or it accepts the situation and becomes set in the mold of the "yes-man", which is perhaps the worst of the three alternatives. To deal with this most vital problem there has grown up our system of child-guidance clinics (which we might more honestly call parent-guidance clinics) to which children who present any type of behavior problem may be brought by the courts, by social agencies, by physicians, and, above all, by parents, to be helped in a fair start on the road of life.

All in all, we have in this mental-hygiene movement something that promises to develop into a program of truly astounding scope and beneficence.

We know that the institutional facilities for the care of mental disease and defect are even now becoming approximately equal to the hospital facilities for the care of all other types of illness put together; and I believe that in the average family in any community the handicap due to minor mental maladjustments is probably quite as serious as that due to all other types of ambulant disease. As we rise to the ultimate possibilities of this problem, our community program for dealing with mental disease and defect must be visualized as of equivalent magnitude to the entire hospital and health program for all other types of disease at the present day.

What have we accomplished here in Connecticut along these lines, since Clifford Beers and his thirteen associates gathered in Mr. Stokes's home twenty years ago? We have two hospitals for the care of mental disease, at Norwich and at Middletown, but experts tell us that 2,000 more beds of this type are needed to deal adequately with the problem involved. We have one institution only for the care of mental defectiveness, with about one-fourth of the capacity that ought to be provided. We have not a single psychopathic ward in any hospital of the state, nor any public provision for the temporary care of mental disease in the community.

We have a state department of health that has shown unusual vision in establishing a division of mental hygiene—the first state department of health in this country to take such a step. We have community mental-hygiene clinics reaching out for the

incipient mental case in Bridgeport, New Haven, Waterbury, Bristol, Meriden and Middletown, Norwich, Hartford, Greenwich, and Stamford; but while some of these clinics render service of the highest quality, others are inadequately staffed with psychiatrists or social workers or both.

There is no effective correlation of the program as a whole, no clear delimitation of the powers and functions of the state departments of health and education and of the state institutions in the clinic field. There are gaps and there are duplications. The Connecticut Society, therefore, feels that it is the primary duty of the moment to secure the aid of competent and unbiased outside investigators to study the whole problem and to draw up a state program which all agencies can accept and which we can, shoulder to shoulder, strive to realize as the years go on. The society is at present seeking for funds to make such a survey and such a program a reality before the close of the calendar year.

The success of our state program, and of the mental-hygiene program as visualized on a nation-wide scale, depends on something more than a sound objective and a workable administrative plan. It depends—like everything else in this world—primarily on personnel. The public to-day wants mental hygiene, wants it with a pathetic and appealing eagerness. "The harvest is ripe, but the laborers are few." More than anything else, in the coming years, we shall need wise and well-trained medical leaders; and we may take great encouragement from

the fact that Yale University has mapped out a pioneer program for dealing with mental hygiene. In Arnold Gesell's psycho-clinic and in the program of mental hygiene for the student body under Stewart Paton, with the aid of Ruggles, Strecker, and Williams, there are already two elements in this program that are unique of their kind. Yet this is only the beginning. Dean Winternitz, in his annual report to the President of Yale University for 1925–6, outlines a much more far-reaching scheme. He notes that plans are already in process of preparation for "an Institute of Human Behavior* which is to be located in the vicinity of the School of Medicine and the New Haven Hospital. The building will include facilities for the Department of Psychology, the Institute of Experimental Psychology, the Department of Research in Child Hygiene, and the proposed work (including wards) in psychiatry and mental hygiene. It is believed that the realization of this concept will accelerate the progress of the fundamental sciences associated with behavior, will remove the artificial barriers that exist between mental hygiene and psychiatry, as well as between psychiatry and psychology, and will stimulate the much desired coöperation which is essential between the groups engaged in the study of normal and abnormal mental reactions."

* This great project has since become a reality at Yale University where the "Institute of Human Relations" was established in February, 1929, under liberal grants from the Rockefeller Foundation, the Laura Spelman Rockefeller Memorial, and the Commonwealth Fund. The Institute, now in course of construction, will be ready for occupancy in the autumn of 1930.

It is the plan for the creation of such a center of research and teaching as that here visualized that encourages us to move on with renewed hope toward the goal that Clifford Beers set before this society twenty years ago—the goal of a Connecticut in which all preventable mental disease shall be prevented and all existing mental disease shall be given the best care that the state of medical science can provide.

Is this indeed not a cause that demands our allegiance with a peculiarly insistent power? We have made marvelous progress during the last two decades; but what about the 2,000 cases of mental defect that ought to be provided for in our state institutions and are not? Where are they to-day, and what sufferings are they causing for themselves and to their families? Have we not even to-day an undischarged responsibility for the improvement of our state machinery for the care and for the prevention of mental disease and defect?

Nor should we think of mental hygiene purely or chiefly in terms of deviations so extreme as to require institutional care. The original constitution of our society, as adopted on June 4, 1908, gave as its first objective "to protect the mental health of the public at large". It is true that the care of the millions of men and women who are receiving or should be receiving institutional care for mental disease and defect is a staggering social burden. Yet if we could measure all the effects involved, I firmly believe that the support of all such cases

would seem an insignificant factor in comparison with the burden laid upon society by the innumerable relatively minor mental maladjustments from which you and I suffer in our daily lives. Has any one of us tried to set up a program of community coöperation or to take some advanced step in the field of community health organization without finding the path blocked by fears or prejudices or suspicions? The root of industrial misunderstandings is to be sought quite as much in the psychological as in the economic factors that are involved; and I question whether any trade dispute could survive an hour's frank discussion around a conference table by a group of men free to look at the facts unhampered by defense reactions and other undesirable emotional attitudes. It is the same thing in the field of international affairs, and the chief merit of the League of Nations is that it constitutes a vast experiment in mental hygiene, using the forces of reason and of common sense as solvents for the difficulties created by the passions and the prejudices of mankind.

During the past century man has well-nigh conquered his physical environment. The problem of the future is to plumb the secrets of the human mind and to control the blind forces within us, forces more deadly than those that let loose the famine and the pestilence that threatened the safety of mankind in an earlier day. It is to this great task that the Connecticut Society is pledged, and it is in this task that we ask your coöperation.

Fortunately we have a better argument for the cause of mental hygiene than any that my inadequate words can offer. We have with us to-day, on this twentieth anniversary of the beginning of the mental-hygiene movement (though the real birthday is May 6), the man who, about twenty-five years ago, was fighting for mental health and freedom under conditions and methods of treatment—if it could be called "treatment"—that threatened to rob him forever of both his sanity and his freedom. Proclaiming, while still a patient, that upon his release he would devote his life to improving the care and treatment of the insane everywhere (for even then he visioned a world-wide movement) Mr. Beers's seemingly grandiose purposes and plans were not taken seriously by any one except himself.

But the skeptics did not know Mr. Beers. Unable many times, while a patient, to gain even the disrespectful attention of attendants, he later secured the respectful attention of thoughtful people throughout the civilized world by publishing his remarkable autobiography. This advantage he wisely followed up by organizing mental-hygiene agencies, local, state, national, and international, through which his plans could be carried out. In this difficult task in a most difficult field and subject, he has, as you know, been successful.

I have already referred to Mr. Beers as a "catalytic agent" in whose presence others get the impulse to work for mental hygiene. But he is more than that—he can formulate plans and carry

them through. We hear a great deal—and rightly so—about our captains of industry, our merchant princes, and our financial geniuses. It is time we heard more about those who use their vision, energy, and organizing ability in promoting enterprises that produce profits in the form of increased health and happiness for the men, women, and children of the nation. In starting the mental-hygiene movement, Mr. Beers has set in motion forces that will pay such profits to the public until the end of time. If he is not a captain of industry, he is certainly a captain courageous, because of his daring and his willingness to publish the story of his experiences while mentally ill, at a time when insanity was universally considered a disgrace.

I have told you of some of the results of the first twenty years of mental-hygiene work. Now I will ask Mr. Beers to tell how the movement has spread around the world, and of the world conference on mental hygiene to be held in Washington in 1930, and of the International Committee that will be formally founded at that time. If he feels free to speak of it, I hope he will tell us something about his plan for creating what will be an ever-increasing endowment for all sorts of mental-hygiene work at home and abroad. We must have large amounts of money for this great work, and the American Foundation for Mental Hygiene that will soon be established, under the auspices of The National Committee for Mental Hygiene, should be of great assistance in securing the money needed.

THE AMERICAN FOUNDATION FOR MENTAL HYGIENE

(Incorporated May 24, 1928)

FOREWORD

THE plan for a Foundation for Mental Hygiene was formulated by the Secretary of The National Committee for Mental Hygiene, Mr. Beers, early in 1925. Following the procedure used in organizing the National Committee, he submitted the plan to leaders in various fields, competent to judge its merits. A few of the many supporting opinions received in advance of the launching of this new enterprise are herewith presented as a Foreword to the account of the Foundation itself which immediately follows.

JOHNS HOPKINS UNIVERSITY
SCHOOL OF HYGIENE AND PUBLIC HEALTH
WILLIAM H. WELCH, M.D., Director

BALTIMORE, MARYLAND,
December 21, 1926.

DEAR MR. BEERS:

I have been greatly interested in what I have read and what you have told me concerning the proposed American Foundation for Mental Hygiene. It is evident that

the project both in its broader aspects and in its details has received the most careful consideration, and I am glad of the opportunity to add my hearty approval and support to this proposal.

For nearly two decades The National Committee for Mental Hygiene has occupied a field which it has made peculiarly its own. It has become the most authoritative source of information and has achieved results in mental hygiene which have attracted world-wide attention.

The appeal now made emanates largely from this Committee, which gives assurance that funds donated to the Foundation will yield results in the prevention and cure of mental disorders, in improved care of the mentally afflicted and in the advancement of knowledge by research of the utmost value to mankind.

My attention has recently been called to the appeal made by the President of The Carnegie Corporation for the establishment of smaller foundations of definite although limited scope. The Foundation for Mental Hygiene would be in line with this suggestion and would furnish us an example which might well serve as a model.

I do not know what could make a stronger appeal to public-spirited philanthropy than contributions to a cause so full of promise in results of the highest importance in protecting the mental health of the members of the community.

With best wishes for the success of your efforts in a field to which you have devoted your life work, I am

Very sincerely yours,

William H. Welch.

Diocese of Massachusetts
Office of the Bishop
1 Joy Street, Boston

P. O. Address, 122 Commonwealth Avenue

September 17, 1925.

Dear Mr. Beers:

In planning for "The American Foundation for Mental Hygiene", you may, I believe, do so with confident hope of support; for it has elements which will appeal to the good sense and generosity of the American people, provided you can get concrete facts before them.

The bare statement of the numbers of children and adults who are mentally hampered is startling. The immense and preventable wastage of life and efficiency in relation to the home, to industry and national defense is enough to arouse the Nation.

The heavy load laid upon the sympathies of fathers and mothers in every walk of life through the presence of a mentally hampered child is sometimes beyond endurance.

What are straight limbs, clear eyesight, sound teeth and physical vigor good for if our lives and those of our children are dogged by fears, delusions and evil habits? Happiness is the soul of true civilization and the purpose of Mental Hygiene is to help people to be happy.

You have a great cause. Your first problem is to give to the people the facts and some definite results. Then they will come forward with support. My own experience in helping to secure large gifts for various purposes in which I have been interested, makes me feel that an initial fund of from at least one to five millions of dollars

should be your objective. The income from such a fund would help meet present needs, give financial stability to the movement as a whole, and open ways to secure added resources for new developments and the needs of the future.

Wishing you and your associates complete and early success in your search for the donor or donors who will finance this great project,

Yours sincerely,

WILLIAM LAWRENCE.

NORTHEAST HARBOR, MAINE,

June 22, 1925.

DEAR MR. BEERS:

The stress of modern life which began about a hundred years ago has already reached a high intensity, and is sure to rise higher in the future as a means of communication by land and water, by air, ether, wireless and radio become available in business of all sorts, in the trades and professions, and in social and family life.

The subject of Mental Hygiene will become more and more important as the decades and generations move on; so that the new Foundation you propose to establish will have an ever-widening field. Hence, its policies should be preventive in large measure, and also flexible and adjustable to the new needs of the future.

Therefore, the work of The National Committee for Mental Hygiene should be broadened and be made permanent by establishing an independent "American Foundation for Mental Hygiene" with a large income of its own to be dispensed by a carefully selected Board

of Trustees. The object of the Foundation should, of course, include scientific research and inquiry into new industrial, social and family conditions.

Sincerely yours,

CHARLES W. ELIOT.

20 WEST 50TH STREET, NEW YORK, N. Y.,

February 16, 1926.

DEAR MR. BEERS:

In the proposed "American Foundation for Mental Hygiene", with your usual vision you have outlined a great plan for the further advancement of mankind. With the introduction of health education into all of our public and private schools during the last five years, the physical health of the people is being cared for as never before. The next step should be a corresponding solicitude for the mental health of the growing generations, the training of the children in right-thinking and behavior and in all that conduces to the prevention of mental disorder. Since the children are the race, I do not know of any more magnificent program than one that will insure to them strong bodies and sound and able minds. Where we have so many generous givers to hospitals, colleges, museums and the like, you should be able to lead someone to see the opportunity for something fundamental and far-seeing and far-reaching in your plan for a Foundation to deal with the mind.

Yours very truly,

FREDERICK PETERSON.

YALE UNIVERSITY
OFFICE OF THE PRESIDENT
NEW HAVEN, CONNECTICUT

November 10, 1925.

DEAR MR. BEERS:

The proposal to establish The American Foundation for Mental Hygiene has my very warm sympathy and support. It would be difficult to name any other health field in which preventive and curative work is so imperatively needed. Such an organization as the Foundation, if properly endowed, would serve a highly useful function in promoting coördination of the efforts now being put forth to deal with this problem by various individuals and agencies and would also serve to promote public knowledge of the needs and the possibilities of successful attack upon it. No one familiar with the conditions in our American communities can possibly question the demand for an effective organization of this kind.

Yours very truly,
JAMES R. ANGELL.

STATE HOSPITAL COMMISSION
ALBANY, NEW YORK

March 23, 1925.

DEAR MR. BEERS:

The mental hygiene movement is embarrassed by its own success. No longer exclusively concerned with treatment or even prevention of mental disease and defect, it is now also concerned with the enhancement of normal mental activity. It is thus of fundamental

importance in dealing with any problem resulting from human relationships, which can only be resolved when the average person is able to feel normally, think straight and act properly. It is thus evident that the usefulness of mental hygiene is limited only by its available resources.

Until you advanced the idea of an American Foundation for Mental Hygiene no sufficiently broad and comprehensive plan had been proposed to adequately meet the situation. I believe, however, that such a Foundation will render it possible for mental hygiene to measurably realize its potential possibilities for social welfare and the betterment of the individual.

I certainly hope you may succeed in interesting some one or more philanthropists in the Foundation which, if established, will insure a financial stability to the mental hygiene movement it has heretofore lacked and will thereby render an incalculable service to society. The project of an American Foundation for Mental Hygiene is eminently practicable and is fraught with greater possibilities for service to humanity than any similar project of which I have knowledge.

Very truly yours,
C. Floyd Haviland,
Chairman.

President's Office
Brown University
Providence, Rhode Island

May 21, 1926.

Dear Mr. Beers:

The Foundation proposed may bring relief to millions of persons now in difficulty or wretchedness. For the

last half century we have been studying problems of public health, and have made remarkable progress in the conquest of physical disease. Meanwhile all around are many persons who are unhappy, inefficient, or in positive distress, whose troubles lie too deep for ordinary medical practice.

Especially is this true in our schools and colleges, where young people are often blamed, disciplined, or expelled, when the one thing they need is to be understood. The obscure region of mental hygiene is still to most teachers a *terra incognita.* Those who do enter it are usually poorly trained and may do much harm. Every large school should command the services of some physician who is trained to deal with the manifold problems of adolescence and can rescue boys and girls from their fears and repressions and despairs. I wish all success to this great enterprise.

Sincerely yours,
W. H. P. Faunce.

Phelps-Stokes Fund
New York

April 20, 1925.

My Dear Mr. Beers:

I have your letter of April 18th with draft enclosed of your proposed "American Foundation for Mental Hygiene". It seems to me that such a Foundation could do great good especially if the encouragement of research is included, as I believe you now plan to include it in the scope of its activities.

Every month brings to my attention some new case among my friends where serious difficulties and dangers

would have been avoided if the principles of mental hygiene had been understood and applied in the days of their youth. I can think of few things more worth while than a Foundation devoted entirely to furthering the various objects for which the mental hygiene movement has stood, and you have behind it a group of professional experts, leaders in education and philanthropy, and business men, which should give confidence in any movement which the group sponsors. I hope and believe that one or more philanthropists of means and vision may be found who will make it possible for you to realize your dream.

Always sincerely yours,

ANSON PHELPS STOKES.

SEAWOOD

KENNEBUNKPORT, MAINE

July 28, 1926.

DEAR MR. BEERS:

I believe that no thoughtful person can remain indifferent to the project for a Foundation for Mental Hygiene. You are fighting a danger that at one time or another threatens almost every large family group with distress, and often agony, through the seizure of some member of it. We cannot *afford* to fail to coöperate with you.

With best wishes always,

Yours heartily,

BOOTH TARKINGTON.

THE AMERICAN FOUNDATION FOR MENTAL HYGIENE

AIMS AND PERSONNEL

THE American Foundation for Mental Hygiene, Incorporated, was created on May 24, 1928, under the laws of the state of Delaware, and later was officially approved by the proper authorities of the state of New York. Its office is at 370 Seventh Avenue, New York City, in the suite of The National Committee for Mental Hygiene, under whose auspices it was established for the purpose of serving as custodian and administrator of gifts and bequests for agencies or work in any part of the field.

The chief purposes of this Foundation are, in effect, virtually the same as those of The National Committee for Mental Hygiene, except that, whereas that organization is an operating agency, the Foundation is to be primarily a financing agency, with no intention of becoming an operating one. In short, the Foundation aims to give financial aid, in so far as its resources permit, to work—including research—which will help to conserve mental health, reduce and prevent nervous and mental disorders and mental defect, and improve the care and treatment of those suffering from these disorders. In the doing of this it will, perforce, aid work that will

spread reliable information on these subjects, on mental factors involved in the problems of education, the mental hygiene of childhood, industry, delinquency, crime, dependency, and on other subjects related to the broad field of human behavior.

The need for a special Foundation, devoted exclusively to the financing of mental-hygiene activities, whose funds shall be administered by a board of trustees composed largely of persons possessed of special and expert knowledge of the subjects dealt with, has been borne in upon those who for the past twenty years have had to struggle, with inadequate and uncertain financial resources, to develop the work of the National Committee and the mental-hygiene movement in general on a scale in keeping with the ever-growing needs and demands.

Now, through a permanent agency such as the Foundation, the financial resources for mental-hygiene work can be pooled and, in course of time, a great fund for the financing of mental-hygiene agencies and activities will be secured by influencing donors to give as liberally for the mental welfare of mankind as they have long been in the habit of doing for the physical welfare of mankind. Heretofore, only a small part of the money given or bequeathed for philanthropic purposes in this country has been given in furtherance of work in behalf of the insane, feebleminded, or epileptic. Relatively little has been donated for research in this field, for

the prevention of nervous or mental disorders, or for those constructive measures which, if rightly and widely applied, would add greatly to the sum total of mental health and happiness in the nation through the adjustment of personality difficulties and faulty mental habits among tens of thousands of the general public. This is especially important in the case of the younger generation, many of whom, though they may never require commitment to institutions, are doomed to handicapped lives unless given intelligent and timely guidance along mental-hygiene lines. When the relatives and friends of the mentally afflicted—and any one is mentally afflicted whose mind so functions as to make it impossible or unusually difficult for him to fit into family, social, or business life—learn of the existence and purposes of the Foundation, they will, it is confidently believed, give or bequeath to it at least a fair percentage of their gifts to charitable and public enterprises.

Gifts and bequests may be made for the general purposes of the Foundation, which in the long run is the most effective way to make a gift productive of results, since succeeding boards of trustees can then use the money to meet new needs as they arise. Or they may be made for specific purposes, such as giving financial aid to national, state, and local agencies or institutions engaged in one phase or another of mental-hygiene work, the idea being that a donor desirous of having a gift or bequest per-

manently productive will prefer to have the money held and administered by a Foundation of the lasting type described.

The American Foundation for Mental Hygiene, which, as its name implies, belongs to the whole public, in contradistinction to the many funds and Foundations created and financed by one individual or by one family, began its work in May, 1928, with a gift of $50,000, given by the executors of the estate of the late Mrs. Annie C. Kane of New York. Most of this gift has been set aside to underwrite the basic expenses of the First International Congress on Mental Hygiene, to be held in Washington, D. C., May 5th–10th, 1930, of which President Hoover is the honorary president. Two unrestricted gifts of $20,000 and of $5,000, respectively, have been received; a conditional pledge of $100,000 has been secured toward the first million dollars raised; and bequests to the value of more than $600,000 have already been incorporated in wills definitely known about. It is interesting to note that these bequests cover a variety of activities — namely, research, publication, mental-hygiene work in a given state, college mental hygiene, and the general purposes of the Foundation.

The officers of the Foundation are: *Honorary President,* Dr. William H. Welch, Director of the Department of the History of Medicine, Johns Hopkins University; *President,* Dr. Arthur H. Ruggles, Chairman of the Executive Committee of

The National Committee for Mental Hygiene and Medical Director of Butler Hospital, Providence, R. I.; *Vice-Presidents,* Dr. James R. Angell, President of Yale University, New Haven, Conn., Rt. Rev. William Lawrence, D.D., Boston, Mass., Dr. William L. Russell, General Psychiatric Director of Bloomingdale Hospital, White Plains, N. Y.; *Treasurer,* Frederic W. Allen of Lee, Higginson and Company, New York City; *Secretary,* Clifford W. Beers, Founder and Secretary of The National Committee for Mental Hygiene, New York City, and author of *A Mind That Found Itself,*[1] the publication of which led to the inauguration of the mental-hygiene movement.

In addition to the above officers, the Board of Trustees is as follows: Dr. William A. White, Superintendent of St. Elizabeths Hospital, Washington, D. C.; Dr. C. Floyd Haviland, Superintendent of Manhattan State Hospital, Ward's Island, New York City; Dr. Frankwood E. Williams, Medical Director of The National Committee for Mental Hygiene, New York City; Dr. Bernard Sachs, Neurologist, Mt. Sinai Hospital, New York City; Dr. George L. Wallace, Superintendent, Wrentham State School for the Feebleminded, Wrentham, Mass.; Dr. Charles P. Emerson, Dean of the Indiana University School of Medicine, Indianapolis; Dr. C. Charles Burlingame, former Executive Officer of the

[1] Published by Doubleday, Doran and Company, Garden City, N. Y., the 15th printing of the book having been issued in May, 1929.

Medical Center, New York City; Harry P. Robbins, New York City, a member of the Board of the Central Islip State Hospital; W. Curtis Bok, Attorney-at-law, Philadelphia; Lindley H. Hill, Manager of Penn Terminal Branch of the Corn Exchange Bank and Trust Company, New York City; and Charles A. Stone, Chairman of the Board of Stone and Webster, New York City.

In order that the Foundation may have the benefit of the advice of a larger group than that comprising the Board of Trustees, which, of necessity, must be kept relatively small if it is to function effectively, a group, known as the Council, will be appointed each year by the Trustees. In this way, all important subjects dealt with can be given representation in the Foundation and thus enhance the value of its work.

None of the officers of the Foundation receive remuneration. Furthermore, operating expenses can be kept at a minimum because of its close connection with The National Committee for Mental Hygiene, members of whose staff can be called upon for special services when and as required.

There seems no more appropriate way to conclude this statement than to quote the Preamble to the Certificate of Incorporation of the Foundation which was written by Mr. W. Curtis Bok, who prepared the articles of incorporation:

PREAMBLE

We, the founders of The American Foundation for Mental Hygiene, are met upon the effort to create and carry forward a means effective to the end of promoting and conserving mental health and ameliorating the scourge of mental ill health.

Science takes exception to the law that only those whom nature deems the fittest shall survive. Nature has her hidden remedies for the torture of a broken mind or body, and science is upon the march in search of those remedies, that they may be rededicated to mankind. The knowledge so gained forms a sacred trust of civilization for the maintenance of the strong, for the refitting of the weak and sick to their health and opportunity, and for their deliverance to a useful life in the community and that pursuit of happiness which is the proper promise of creation.

In such trusteeship it is our faith that this Foundation will take its place.

SUMMARY OF SOME OF THE MORE IMPORTANT ACTIVITIES *of* THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

During the Year 1928

Foreword

"It takes a higher type of intelligence, a greater faith, a truer sense of perspective, to foresee the approach of disease and protect against it; to see its enemies from afar, go out to meet them and outflank them, than it does to heal or tend existing disease." HAVEN EMERSON, M.D., *Professor of Public Health Administration, Columbia University.*

TWENTY years ago The National Committee for Mental Hygiene was created to give shape and direction to efforts to protect mental health and prevent mental disease. Into its policies and plans went the thought of some of the ablest minds in this special field. Out of its policies and methods has grown a program that today influences profoundly, not only in this but in other countries, the approach to and management of the great problem of departures from mental health.

The methods used for this purpose at first were not complex and in its early years the work of the National Committee consisted chiefly in ascertaining

the extent and scope of the problem of mental disease; the number of institutions devoted to the mentally ill; the number of patients under care and the standards of treatment. Later, this work was expanded to include attention to borderline cases and to those suffering from disorders of the emotions, serious in themselves, but not such as to require treatment in institutions. Not until years had been spent in paving the way, was it possible to embark upon a program of work that was clearly preventive in nature. With the active application of preventive methods, however, the complexity and ramifications of the work increased until today, there is scarcely a field of human endeavor that is uninfluenced in one way or another by the progress of mental hygiene.

To indicate something of the extent to which this work of preventing mental diseases and promoting mental health has progressed, the following description of a few of the more important activities of The National Committee for Mental Hygiene during the year 1928 is herewith presented.

Facts as a Basis of Progress

An army cannot plan an intelligent attack against the enemy until something of the size and strength of the latter's forces are known. No adequate attack against mental disease could be launched in the early years of the mental hygiene movement until data concerning the extent, scope and various

aspects of the problem were available. But no such data existed. True, The National Committee for Mental Hygiene had succeeded in compiling an accurate list of institutions for mental disease, but collateral statistics of a vital nature were lacking. To remedy this condition, the National Committee, through its Division on Statistics and Information, with the assistance of the American Psychiatric Association, evolved a uniform system of statistics and classification of diseases for hospitals for the insane throughout the country. This system made it possible for the first time to collect data about patients and their care according to a uniform plan that did away with the hit-or-miss figures previously assembled by each institution working independently of all others. At the present time practically every institution for mental disease in the United States uses the statistical record cards of The National Committee for Mental Hygiene and reports its data to it. So complete and so smoothly functioning is this system that, in 1928, the Federal Census Bureau found that, by adopting the plan and methods of The National Committee for Mental Hygiene, it could collect such figures annually instead of on the traditional decennial basis. Since that time the Federal Census Bureau has taken over this work with the intention of incorporating it into an official part of its program.

Not only has The National Committee for Mental

Hygiene introduced uniform statistical systems into virtually all of the institutions for mental disease and institutions for mental defect throughout the country, but, in 1928, it succeeded in getting ten of the sixty special institutions for epileptics to adopt the same system, modified to meet their particular requirements. In time, all such institutions will, no doubt, adopt it.

The Division on Statistics and Information of The National Committee for Mental Hygiene also prepared, during 1928, a number of statistical studies in the field of mental hygiene, including one on "Alcohol as a Cause of Mental Disease", in collaboration with the New York State Department of Mental Hygiene. Especially intensive has been its coöperation with other national agencies. As an evidence of the importance with which it is regarded by these agencies, the Director of the National Institute of Public Administration (after an experience with it) commented as follows:

"If all of the agencies concerned with the betterment of public welfare services had conducted their statistical inquiries with the same degree of thoroughness as The National Committee for Mental Hygiene, many of the difficulties of statistical interpretation of public welfare activities would disappear. Your organization stands quite alone in the public welfare field, in the accuracy and completeness of its statistical compilations."

Mental Hygiene Appraisal Form

What minimum provisions should a community make for the care and treatment of its mentally ill citizens? Based on its population, how many beds in mental hospitals should a state government be prepared to provide? What proportion of the patients attending various out-patient clinics of general hospitals may be expected to show mental symptoms in addition to physical ones? How many school children per thousand are in need of "special class" treatment because of intellectual deficiencies?

Until recently the answers to these questions (and others of a similar nature) were not generally available. The health officer of a given community, anxious to bring his city up to acceptable standards of mental health, had little to go by. Few, if any, reliable standards of the kind had been formulated, so that it was difficult to organize a sound and intelligent program for mental hygiene work comparable to those in other fields of public health, such as tuberculosis, cancer, diphtheria, infant mortality, *et cetera.*

For several years, The American Public Health Association had been developing an appraisal form for health officers on a statistical basis, by means of which they could refer to carefully worked out standards and thus measure the facilities their communities provided as compared with acceptable facilities elsewhere. This appraisal form met with success. It did not, however, contain a section on

mental hygiene. In 1928, the American Public Health Association, realizing that the mental health of a community is as vital a factor as its physical health, requested The National Committee for Mental Hygiene to prepare an appraisal form on mental hygiene. After careful study a set of tentative standards in mental hygiene was formulated and an appraisal schedule drawn up. This has been printed and distributed by a number of agencies to thousands of health officers and other persons interested in health matters, and it is now possible for state or city officials to plan in advance a building and development program in mental hygiene that will be feasible, economical, and based on tried and proven practices in the most advanced communities. When it is realized that in some states as much as 20 per cent of the state budget goes for the treatment and maintenance of the mentally sick in institutions and, further, that the more progressive states have been forced to anticipate their mental hospital needs in the form of ten-year programs in advance, the value of such an appraisal form will be the better appreciated.

State Mental Hygiene Surveys

California is one of the states that has been looking ahead to the mental health needs of the future. Previously, like most commonwealths, with the exception of Massachusetts, New York, and one or two more, California had allowed its mental

hygiene program to develop in a haphazard way. Some of those, however, who were active in mental hygiene work in California had foreseen the need for developing a sound program and early in 1928 succeeded in enlisting the Governor's interest. At his request The National Committee for Mental Hygiene sent a special representative to California to look over the situation. After a preliminary study this representative recommended a state-wide survey of existing mental hygiene resources and also of mental hygiene needs in connection with a proposed ten-year program of institutional building and expansion in the general field of public welfare. The state legislature was sensitized to the need for such a survey as a prelude to the formation of a program and later approved an item of $20,000 in the budget of the State Department of Public Welfare to finance such a survey. The National Committee for Mental Hygiene has been continuously consulted in connection with the technical aspects of these developments, even to the extent of a special visit to the Committee's office by the Director of the California Department of Public Welfare for the purpose of obtaining further first-hand knowledge of the methods to be used and of the selection of personnel.

In 1928 the services of The National Committee for Mental Hygiene were also sought by the State of Connecticut for a similar survey, preliminary to the formulation of a state-wide program. This

survey, financed by The Connecticut Society for Mental Hygiene through a grant from the Commonwealth Fund, will, among other things, correlate the program of the state society with the official program of the state, thus bringing together the efforts of both the public and the private agencies concerned with problems of mental health.

Mental Hygiene in Courts and Penal Institutions

Shortly after its establishment, The National Crime Commission, through its Sub-Committee on the Medical Aspects of Crime, took cognizance of the growing trend of interest in the relationship between mental abnormalities and certain types of offenders. In considering this matter in a practical light, it became essential for the Crime Commission to know something about the facilities already existing in the courts and penal institutions of the country for the psychiatric study of prisoners whose mental condition might have contributed to their antisocial acts. Consequently, in 1928, they turned to The National Committee for Mental Hygiene, with a request that it undertake for them a nationwide study of such facilities and practices. A capable psychiatrist with penological experience was selected to conduct the survey, assisted by a statistician from the staff of The National Committee for Mental Hygiene, which supervised and directed the project. There were many difficulties to be over-

come in making the study. For example, at the outset it was discovered that nowhere in the United States was a list available of all the courts and penal institutions, and letters had to be sent to bar associations, to state and district attorneys, and other persons in the effort to compile such a list.

As a result of the study made by the National Committee, the National Crime Commission widened the scope of its activities to include in its program provision for special study of the psychopathological aspects of crime. While this survey produced a good deal of data previously unavailable, and to a considerable extent unknown, one of its most important findings was that as high as 36 per cent of the public penal and correctional institutions of the United States reported the regular employment of psychiatrists on either full or part-time schedules and that fully 50 per cent of the heads of such institutions are convinced of the value of ascertaining the mental condition of prisoners as an aid to their classification and disposition. On the other hand, the survey shows that only about 10 per cent of the judges of criminal courts who coöperated in the survey avail themselves of the regular services of a psychiatrist on either a full or a part-time basis, the services of psychiatrists being used less in courts and in penal and correctional institutions in the South and far West than elsewhere in the country.

Survey of Mental Hygiene Resources in New York City

One of the outstanding activities of The National Committee for Mental Hygiene during 1928 was undertaken in New York City. Although in earlier years the Committee had made a total of 64 surveys of mental hygiene problems and facilities for handling them in 31 states, practically nothing of the sort had been done in New York City. True, it was known that New York possessed facilities for the care of the mental health of its citizens, but data for the city as a whole, concerning the extent and character of these resources, were not available. This lack of knowledge proved serious because medical and social organizations had come to realize that further success in dealing with their own particular problems depended upon integrating all health and social resources that the city offered, so that they might be utilized in a united effort. Mental hygiene was one of the resources that a constantly increasing number of organizations had found essential to their success, but since mental hygiene facilities in New York City had not been developed in a systematic way their distribution and adequacy left much to be desired.

So unsatisfactory had the situation become late in 1927 that a number of medical and social agencies requested The National Committee for Mental Hygiene and the New York State Committee on

Mental Hygiene of the New York State Charities Aid Association to look into it and ascertain what might be done. In response to this invitation, a preliminary study was made, with the result that a complete survey of the entire city was recommended. The survey, which took a year and a half to complete, was begun at once under a competent staff supervised and financed by The National Committee for Mental Hygiene, under grants for special studies from the Rockefeller Foundation.

Its findings have made available, for the first time, exact data on mental health conditions in the five boroughs of the city, as well as accurate information as to the extent and quality of the mental hygiene resources available to the public. The recommendations set forth in the report include provisions for the raising of standards of psychiatric training among the professional personnel of numerous clinics and social agencies; for a more intelligent location and distribution of mental hygiene services; for improvements in methods of work; for a greater utilization of mental hygiene by the public schools; and for an extension of this work in the juvenile courts of the city. With this report as a basis for further action a mental hygiene program for the entire city can now be formulated.

Mental Hygiene and the Visiting Nurse

Another piece of work undertaken by the National Committee during 1928 had to do with the

relation of mental hygiene to public health nursing. Ever since the visiting nurse first came into existence she had been taught the customary ways of contributing to the physical comfort of her patients and assisting in the restoration of their physical health. In this and within these limits the visiting nurse was successful. But an increasing number of visiting nurses grew dissatisfied with the limitations of their knowledge. Frequently they were brought face to face with certain problems of nursing care so complicated by other, unknown factors that their best efforts to aid the patient were unavailing. Their training school curricula did nothing to help them recognize and understand these baffling, unknown factors. But a few of them rightly suspected that the difficulties which complicated their nursing problems might be in some way connected with the mental health problems of their patients. As a result one of the largest organizations of visiting nurses (the Henry Street Visiting Nurse Service in New York City) enlisted the coöperation of The National Committee for Mental Hygiene in a study and a demonstration of what mental hygiene might contribute to a better understanding of the situation.

Realizing the importance of the problem, The National Committee for Mental Hygiene financed and supervised the work of a psychiatric social worker who was attached to the staff of the Henry Street organization. This social worker accom-

panied nurses on their daily visits, went with them into the homes of baffling cases, pointed out in numerous instances something of the nature and cause of the mental problems that entered into the situation, and helped familiarize the nurse with the location and function of psychiatric clinics to which such patients could be taken for capable handling of their problems. Gradually visiting nurses began to appreciate that "the whole patient becomes sick" and that it is as necessary to deal with unsolved problems of worry, fear, emotional maladjustments and the like, as it is to treat the purely physical illnesses involved. Moreover the psychiatric social worker helped the nurse to interpret the true significance of personality traits, mental attitudes, and behavior symptoms, in relation to the patient's improvement. She also was instrumental in bringing under psychiatric treatment other members of the family who might be in need of attention, especially children with conduct disorders which in reality were symptoms of failure to fit into existing environments and relationships.

At the end of an eighteen-month demonstration, the special usefulness of this psychiatric social worker had so impressed the Directors of the Henry Street Visiting Nurse Service that that organization took over her work at its own expense and incorporated it as a part of its permanent program. Since it employs 150 nurses who visit two thousand homes each day (each home consisting

of several individuals) it can easily be seen what an important new sector of the mental hygiene field is opened up by this plan. Visiting nurse organizations in other cities are now sensitizing their nurses to mental hygiene problems in a similar manner and devising means for dealing with them.

Mental Hygiene Literature

Twenty years ago, when The National Committee for Mental Hygiene was founded, there was virtually no literature of a non-technical or popular nature for the information of the general public on the subject of mental hygiene. Gradually, however, such literature has become available in great variety as is shown by the Committee's List of Publications in this brochure. During 1928, the National Committee alone printed and distributed a total of 143,000 pieces, consisting chiefly of pamphlets and leaflets, on one or another of the many aspects of mental hygiene, which were distributed among more than 4,000 individuals and groups. Since in many cases these individuals were teachers, physicians or social workers who used the pamphlets for teaching purposes, their contents ultimately reached a far greater audience than the number mentioned indicates. The National Committee for Mental Hygiene also published the 12th volume of its quarterly journal, Mental Hygiene, in editions of 5,000 each quarter, and the monthly Mental Hygiene Bulletin in editions of 9,000 each. It is interesting to

note that an unusually high percentage of the paid subscriptions of the quarterly magazine (which now total about 3,500) are renewed year after year, and that the circulation increases steadily. If a special gift were available for use in increasing the circulation, it could probably be doubled, or even trebled, so widespread is the interest in the topics dealt with in the quarterly.

Teaching Teachers About Mental Hygiene

Since it is now recognized that the foundations for adult mental health or disease are largely laid during childhood, the public school system becomes, in theory, the ideal place for the recognition and treatment of those problems of personality and behavior that so often prove to be the precursors of mental disorder later in life. Teachers, only slightly less than parents, are in a strategic position to detect early symptoms of maladjustment in children and to see that they promptly receive proper psychiatric treatment. But recognition of the significance of such symptoms is not likely unless the observer has been made reasonably familiar with the rudiments of mental hygiene. Consequently, ideal as the classroom is in theory as a place to detect and remedy early evidences of trouble, in practice it falls far short of realizing its possibilities because so few teachers have thus far been trained and sensitized to the meaning of the issues involved.

The problem therefore resolves itself into one of

teaching teachers something about the nature, causes, symptoms and significance of departures from mental health in school children. The National Committee for Mental Hygiene, realizing the necessity for familiarizing teachers with these matters, before they can be expected to deal with them adequately, welcomed an invitation to coöperate with the State Department of Education of New York and with the State Committee on Mental Hygiene of the New York State Charities Aid Association in an experimental educational project along this line. Arrangements were made to have each teacher-training or normal school in the state set aside a number of hours for a lecture course in mental hygiene, dealing particularly with mental hygiene problems in the classroom. Several psychiatrists, including a member of the staff of The National Committee for Mental Hygiene, were secured to give these lectures. They were enthusiastically received by students and faculty alike, and as this report is written, word comes that the State Department of Education is considering the addition of a full-time psychiatrist to its staff for the special purpose of conducting these mental hygiene lectures in normal schools throughout the State of New York.

The need for a program of mental hygiene among college students likewise received wider recognition during 1928. For some years progressive educators in a number of colleges and universities had been

troubled by the problems created by the emotionally maladjusted student. Every year many students with good intellects were found to be failing in their work, depressed, unable to adjust to campus life, and more or less seclusive and "different". A smaller number appeared to be definitely mentally ill in one way or another; and a third group (numerically very small) were found to be attempting a solution of their difficulties in terms of suicide. Others presented problems of discipline or of an antisocial nature.

Traditional pedagogic systems had not taken such matters as these into consideration, being instead concerned largely with the purely academic problem of training intellects. The National Committee for Mental Hygiene, however, had for several years been taking an active interest in the mental health of college students. Gradually, a number of colleges and universities began to engage psychiatrists to deal with these problems, being stimulated and assisted in devising their programs by The National Committee for Mental Hygiene. At the present time 14 major colleges and universities, among them being Yale University, the University of Minnesota, University of Vermont, Vassar, Bryn Mawr, Wellesley and Smith, are known to avail themselves of the regular services of psychiatrists. The outstanding example of mental hygiene work with college students is found at Yale University where five psychiatrists and two psychiatric social workers

(all on full-time schedules) comprise the Department of Mental Hygiene, which is financed by a grant from the Commonwealth Fund.

From the beginning, as stated, The National Committee for Mental Hygiene has taken a leading rôle in the development of this work in American colleges and its advisory services are constantly sought by educators wishing to establish departments of mental hygiene. It is frequently requested to find trained personnel for these projects, a difficult task while the demand for such services so greatly exceeds the supply.

Development of State and Local Organizations

An interesting phenomenon, but one not without potential danger, is found in the avid interest a large portion of the general public now displays in mental hygiene. In the early days of the National Committee's existence, the term "mental hygiene" was practically unknown. In the space of twenty years this situation has been greatly changed. Dealing, as it does, with the mechanisms of human behavior, mental hygiene has come to have a great fascination for large numbers of persons, so that today the term is known to millions, and its various connotations are becoming increasingly familiar to many classes of the community. Indeed, popular interest in one or another of the various aspects of mental hygiene threatens to overwhelm the professional workers in this field, as workers in psychol-

ogy, sociology, criminology, medicine, religion and other fields incorporate into their thinking and techniques the mental hygiene point of view and approach and make increasing demands for advice and help.

Gratifying as this progress undeniably has been, it has, nevertheless, been accompanied by a very real element of danger; and the time soon arrived when a well-organized and nation-wide endeavor was necessary to direct and guide this rapidly mounting public interest, and, if need be, in some instances to check the activities growing out of it. Otherwise it was certain that serious mistakes would be made in the field of mental hygiene, and that many important pieces of work would fail to fulfill their purpose because they were prematurely conceived, poorly planned, unwisely directed or given the wrong emphasis.

Since the future of the entire mental hygiene movement seemed, to a considerable extent, to be dependent on an intelligent and wisely directed extension of work, some plan was required to insure this to every part of the country. Accordingly The National Committee for Mental Hygiene adopted a policy calling for the organization of State Societies for Mental Hygiene, independently conducted and financed but enjoying the benefit of the experience and coöperation of the parent organization. This policy insured the placing of local leadership of mental hygiene affairs in the hands of persons

who, by experience and responsibility, were best able to assume it. It also made certain that local programs and policies would reflect accurately those of the national organization and thus provide for extensions of work in any part of the country in conformity with a common pattern. This policy, too, helped to avert the potential danger that enthusiastic, but untrained, or poorly trained persons, would assume such leadership in developing mental hygiene activities and thus give the subject an incorrect or harmful interpretation and setting. Up to 1928, about twenty of these state societies had been organized, some of which, however, have not yet found it feasible to embark on a program of active work with a salaried staff of workers. During 1928, The National Committee for Mental Hygiene was instrumental in organizing State Societies for Mental Hygiene in South Carolina, Utah, Colorado, and Washington. It also effected reorganizations of such societies in Louisiana and in the District of Columbia. An increasingly important part of the National Committee's routine work relates to the counselling of officers of state and local mental hygiene organizations who look to the parent organization for help and advice when important plans and policies are being formulated.

Raising Standards of Mental Hygiene Work

In addition to helping to organize state and local mental hygiene societies as a means of insuring

uniform and sound policies of work, The National Committee for Mental Hygiene endeavors to improve the quality of mental hygiene teaching, both that offered to the public in general, and that available to professional workers. There is great need for the maintenance of high standards in lecture material in view of the attempts of charlatans or inadequately trained persons to capitalize the growing interest in mental hygiene and related subjects. To offset some of these undesirable and harmful efforts, The National Committee for Mental Hygiene has prepared lecture outlines and given technical assistance to a considerable number of individuals whose work brings them in touch with large audiences. In addition, members of the organization's medical staff personally conducted lecture and teaching courses in many cities throughout the country. The following summary includes some of the courses of this kind given during 1928, usually in coöperation with affiliated State Societies for Mental Hygiene, or with similar groups: 21 lectures (chiefly to social workers and teachers) at the New School for Social Research, New York City; 15 lectures to senior class of student nurses at St. Mark's Hospital, New York; 10-day mental hygiene lecture institute at Silver Bay, New York, for the National Board of The Young Women's Christian Association for a selected group of "Y" secretaries; 8-lecture course, followed by two single addresses at Minnesota Conference of Social Work

in Minneapolis, to social workers and teachers; 8-day lecture institute in Los Angeles under the auspices of the Southern California Mental Hygiene Society; 8-day lecture institute at Syracuse, N. Y., under the auspices of the Mental Hygiene Department of the Onondaga Health Association; 5 lectures to public health nurses under the auspices of Columbia University, New York.

Organizing and Supervising Mental Hygiene and Child Guidance Clinics

Inaugurating a program of mental hygiene in a state or community where nothing of the kind has been previously attempted is necessarily a pioneering enterprise. Educational efforts must be made to raise the standards of care and treatment of the insane in institutions; to see that adequate provisions are made for them in terms of bed space, modern treatment facilities, and high-grade personnel. Then, too, state laws governing the care of mental cases must be modernized and brought into line with accepted practices. (Even today there still remain a few states where a patient, sick with mental disease, cannot be accepted for treatment in an appropriate hospital until he has been brought into court like a common criminal and a jury of laymen has passed on his mental condition. Before The National Committee for Mental Hygiene began work in 1909, there were several states that resorted to this archaic custom.) Legislation also must be

secured looking to the abolition of strait-jackets and other forms of mechanical restraint, and laws must be passed (if none exist) providing for the "voluntary commitment" to institutions of persons who wish to enter them for treatment at an early stage of their illness when hopes of cure are greatest.

When these pioneering steps have all been taken, others of equal importance still remain. There is, for example, the elementary step of providing separate institutional facilities for the feebleminded, who require quite a different type of care and treatment from that offered the so-called insane. A few states have not yet taken this first step of removing their mental defectives from hospitals for the insane into separate and special institutions, although many which had not taken this action have done so during the last twenty years as a result of the activities of The National Committee for Mental Hygiene. Also in this field, state-wide and systematic campaigns must be undertaken (1) to identify intellectually defective children; (2) to provide for their institutional or special school training up to the limit of their capacities; and (3) to supervise their social and industrial careers after training has been completed. A highly important step in this connection is the arousing of public interest in the problem of mentally defective school children, so that an adequate number of "special" or "opportunity" classes may be established in the public schools for backward and retarded pupils.

To some it may seem that these pioneering efforts in the inauguration of a mental hygiene program have little to do with the *prevention* of mental disease, the goal toward which all mental hygiene work is directed. Nevertheless, in a sense these steps *are* preventive in nature, for until they have been taken successfully, no clear-cut preventive activities of the more positive sort can be carried out. Once this pioneering work has been accomplished the way is clear for the development of projects that are obviously preventive.

A clinic or treatment center is a project whose prophylactic function can be appreciated by all. And yet, as has been stated, the organization of a clinic for treating incipient cases of mental abnormality, and thus often averting more serious trouble later, is not a first step in the development of a community program of mental hygiene. Instead it is decidedly a late and advanced step. No mental clinic can function successfully until many other resources and conditions in the community have been brought up to desirable standards of efficiency. Consequently it is a vital matter to decide *when* a community is properly ready for a mental hygiene clinic.

Since 1921 The National Committee for Mental Hygiene (aided by generous grants from the Commonwealth Fund) has been assisting communities in taking this advanced step of establishing mental clinics. Since childhood is the ideal period in which

to attempt the prevention of mental disorder, these clinics have dealt exclusively with children who display problems of undesirable behavior or personality difficulties and are called Child Guidance Clinics. A five-year demonstration project served as a laboratory period in which to work out desirable methods and policies, and since the termination in 1926 of the demonstration, The National Committee for Mental Hygiene has continued an advisory assistance to various cities through a special Division on Community Clinics, financed under a special grant from the Commonwealth Fund.

During 1928 this Division rendered valuable assistance to many localities. It took an active rôle, for example, in organizing a child guidance clinic in Richmond, Va., and assisted the local group to secure a suitable staff. It performed a similar service in connection with the organization of a *second* clinic in St. Louis. In Cleveland, the Division likewise aided the clinic in augmenting its staff, thus permitting of a widening of its function of education, a function found to be second in importance only to that of treatment. Since, in all probability, no community ever will support a sufficient number of clinics to take care of all the mental hygiene problems of its children, education in mental hygiene technique becomes necessary for social workers, teachers, and others on whom the greatest burden of responsibility for dealing with at least minor problems of child behavior eventually

must rest. The child guidance clinic is the logical training center for such education, a fact increasingly recognized by professional schools of social work and by the more progressive of the social welfare agencies who send their students and workers in large numbers to the clinic for training purposes.

During the past two years, many communities have been eager to establish Child Guidance Clinics. Some of them were prepared and ready for this step while others had not progressed beyond the stage of good intentions. How to distinguish between the two groups became a problem. In both instances local enthusiasm and even financial support were waiting but technical knowledge of organization and methodology was absent. Consequently, The National Committee for Mental Hygiene, through the members of its staff of the Division on Community Clinics, found it necessary to devote a great deal of time to field work. During these personal visits the staff would study the local situation; confer with numerous persons, both within and without the professional group who were endeavoring to establish the clinic; make visits to local medical schools, hospitals, and similar organizations whose coöperation would be required; and, in short, render every possible assistance based on the National Committee's experience in establishing clinics in other cities. Sometimes, as a result of these field trips, the Division's staff would recommend that certain essential steps be taken

before a community would be ready for a clinic. In other instances they would approve the immediate organization of a clinic and would render valuable service in the assembling of a staff and in other preliminary details.

During 1928 representatives of the Division on Community Clinics of the National Committee made personal visits for the purpose described above in many cities. A partial list includes: Los Angeles, San Diego, San Francisco, Portland (Oregon), Seattle, Denver, Houston, Minneapolis, Chicago, Columbus (Ohio), Birmingham (Alabama), New Orleans, Washington, D. C., Hartford, Boston, Newark, and Wilmington (Delaware).

The Division on Community Clinics found it necessary also to prepare several pamphlets describing the details of its work, including the very specific and practical one entitled, "When Is a Community Ready for a Child Guidance Clinic?" This pamphlet attempts to answer many practical questions raised by groups eager to organize a clinic but lacking technical knowledge of the preliminaries and the procedure. In addition, the Division prepared a new edition of a "Directory of Psychiatric Clinics for Children in the United States", which was published by the Commonwealth Fund. This Directory, the only one of its kind, furnishes detailed descriptions (including name, location, time schedules, and names of psychiatric directors) of *more than one hundred psychiatric* clinics where children are given

the attention they need. In this connection, it would not be an overstatement to say that of these hundred or more clinics, at least two-thirds have been established along lines and according to techniques originally worked out by The National Committee for Mental Hygiene during its Five-Year Demonstration Clinic Program in coöperation with the Commonwealth Fund.

Training Personnel in the Mental Hygiene Field

At the close of the war new opportunities arose and prospects for extending the frontiers of mental hygiene work seemed bright. Soon, however, a serious obstacle was encountered. While general interest in mental hygiene was growing; while opportunities for expansion had never been more promising; while many communities were ready and waiting to coöperate in important projects; and while technical knowledge was available, yet sufficient trained personnel to apply this knowledge to practical situations was woefully lacking. During the years of its development, and especially since it had begun to emphasize work with children and with non-institutional types of mental disorders, the National Committee had found it necessary to develop for mental hygiene work a very special technique. This technique in many instances differed widely from the techniques in which a large number of psychiatrists, working in institutions

with advanced types of mental disease, had been trained. Relatively few training centers existed where this special extra-mural technique could be acquired, and as a result the number of psychiatrists trained in it were far too few to meet the growing demand.

So acute had this shortage of properly trained personnel become that it seriously retarded the progress of sound mental hygiene work in a number of directions. The National Committee for Mental Hygiene gave considerable study to the situation, making some interesting findings. The roots of the difficulty apparently went back to the medical schools, only a few of which taught a type of psychiatry that recognized extra-mural problems to be as important as intra-mural ones. The others continued to teach medical students only that portion of psychiatry that concerned serious or chronic types of institutional mental disease, with the result that a majority of physicians graduating from these schools knew little or nothing about the preventive aspects of the problem. Psychiatry, moreover, was not made attractive in many medical schools and its opportunities were largely ignored. Consequently the number of medical graduates electing psychiatry as a specialty was small.

To counteract some of these unsatisfactory conditions, The National Committee for Mental Hygiene, in 1928, began an extensive study of facilities for teaching psychiatry in medical schools, as a

prelude to formulating a definite, nation-wide plan to modernize and greatly develop the proper teaching of this subject. The study has not yet been completed, but already highly important data, useful in the formulation of higher standards and better policies for training medical students in the fundamentals of psychiatry and mental hygiene have been secured.

In the meantime it was necessary to take some immediate steps towards securing additional psychiatrists to assume direction of certain clinics and other community mental hygiene projects that were ready to be launched. Accordingly a plan was adopted to award each year a limited number of fellowships for training purposes. Funds for these fellowships were given to The National Committee for Mental Hygiene by the Rockefeller Foundation and by the Commonwealth Fund. Professional requirements were set up and physicians with the requisite personality and technical qualifications were sought who had a thorough grounding in psychiatry, but who were not familiar with child guidance work. By means of intensive training, under close supervision for the period of a year, these physicians were familiarized with the special technique required for work in this field, and on completion of their fellowship period were assigned to clinics and other projects where the need for their services was greatest.

In 1928, The National Committee for Mental

Hygiene awarded eight such fellowships to psychiatrists and three to psychologists. Thanks to the aid they rendered, some of the shortage of personnel has been relieved, although it is not likely that the supply of properly trained mental hygiene workers will catch up with the demand for years to come.

Sponsoring Related Projects

As a going concern with a record of nearly twenty years of work behind it, The National Committee for Mental Hygiene in the year 1928 played an indispensable part in sponsoring and helping to launch two related projects of outstanding importance, namely, The American Foundation for Mental Hygiene and the First International Congress on Mental Hygiene. The part played by the National Committee in furthering these enterprises may best be shown by the following resolutions adopted by the National Committee and later ratified by its Board of Directors.

Resolution on the Foundation

Whereas we, the members of The National Committee for Mental Hygiene, recognize the rapid and widespread development of mental hygiene activities that has taken place during the past two decades since the formation of the National Committee, and

Whereas the financial support of these activities, whether conducted by the National Committee, by State Societies, or other organizations, institutions and agencies, has become wholly inadequate to the great need for funds that has grown out of a widely expanding and increasingly important field of work, and

Whereas the lack of adequate funds has hampered the further progress of the National Committee's work, notwithstanding the generosity of certain Foundations and Funds and wealthy individuals, and

Whereas there has been conceived in The American Foundation for Mental Hygiene, a means for the procurement of funds that it is confidently expected will relieve this situation and insure the permanency and progress of mental hygiene work by the National Committee and other organizations, institutions and agencies, in this country and abroad, for all time, and

Whereas the officers of the National Committee have cordially approved the idea and during the past five years have collaborated in its development, thus bringing it to its final consummation, therefore, be it

Resolved that we heartily congratulate the officers and trustees of The American Foundation for Mental Hygiene upon the auspicious establishment of this new organization for the promotion of the mental well-being of mankind, and express the hope that it may be brilliantly successful in the achievement of its aims for the advancement of a movement which, now in its twentieth year, holds such magnificent promise for human betterment.

Resolution on the First International Congress

Whereas the mental hygiene movement since its inauguration twenty years ago has attained such world-wide importance that national committees, councils, leagues or societies for mental hygiene have been formed or are in process of formation in twenty-three countries, and

Whereas the growth of the international mental hygiene movement has caused its leaders here and in other parts of the world to think in terms of an International Committee for Mental Hygiene and to propose the holding of the First International Congress on Mental Hygiene preparatory to the establishment of a permanent International Committee, and

Whereas under the leadership of Mr. Clifford W. Beers and our Executive Committee, the Organizing Committee of the International Committee has been at work during the past five

years on plans for an International Congress on Mental Hygiene, and

Whereas at a meeting of the Organizing Committee of the International Committee held in Paris last year it was decided to hold the First International Congress in the United States as soon as practicable, and

Whereas the Organizing Committee of the International Committee has recently officially announced that the First International Congress will be held in Washington, D. C., in the Spring of 1930, and that funds sufficient to meet the basic expenses of the Congress and to allow the Organizing Committee to proceed definitely with the work of planning and organizing the Congress have been secured, therefore, be it

Resolved that we, the members of The National Committee for Mental Hygiene, reaffirm our approval of the project and pledge our enthusiastic coöperation and support toward its success.

A MIND THAT FOUND ITSELF

An Autobiography

By Clifford Whittingham Beers

Introductory remarks by William H. Welch, M.D., LL.D., Director of the Department of the History of Medicine, Johns Hopkins University; Honorary President of The National Committee for Mental Hygiene, and of The American Foundation for Mental Hygiene.

IT IS a privilege to urge everyone to read this pamphlet, for they will learn of a fascinating book, a vitally important movement, and of a man who has rendered distinguished service to humanity. "A Mind That Found Itself" is one of the most remarkable autobiographies ever written. Its author, Clifford Whittingham Beers, in telling frankly the story of his experiences while mentally ill some twenty-five years ago, has shown high moral courage, unusual vision and great tenacity of purpose under difficult circumstances. To convert what at one time seemed a wrecked career into one so useful that thousands have already benefited is indeed a rare achievement, made possible through the enthusiastic interest and support which he has secured from leading neuro-psychiatrists and psychologists of this and other countries.

It is not only as a writer and a constructive force

in humane endeavors that Mr. Beers has won recognition. Though his autobiography was first published in 1908, when he was only thirty-two, he has won an international reputation as the founder and accredited leader of the mental hygiene movement. He is now furthering plans for an International Congress, to be held in this country, out of which will come an International Committee to coördinate the work of mental hygiene organizations throughout the world.

A prophet not without honor in his own country—since Yale University, his Alma Mater, conferred upon him in 1922 an honorary degree—Mr. Beers, during the summer of 1923, was signally honored abroad. In Belgium he was received in private audience by King Albert at the Royal Palace in Brussels, and by Cardinal Mercier at Malines; and later, while in France and England, through interviews and addresses, he enlisted the interest of various leaders in the international phases of the mental hygiene movement. At a meeting in Paris, held in the Great Amphitheatre of the Sorbonne, filled to overflowing, Mr. Beers, who was the guest of honor, was given an ovation after his address.

In my opinion, he has won the right to a hearing wherever he goes. I am sure that those who hear him interpret the possibilities of mental hygiene and the movement in terms of his own experiences will ever afterward view the prevention and better care of nervous and mental disorders with the hope and

optimism which characterize the intimate talks of the author of "A Mind That Found Itself."

William H. Welch

BALTIMORE, MARYLAND.

SCOPE OF MENTAL HYGIENE

" Mental hygiene is an efficient means of preventing mental breakdowns. It renders more efficient the many mental misfits of life, including the neurasthenic, psychasthenic, and hysterical groups, but it presents many still wider aspects. Industrial unrest to a large degree means bad mental hygiene and is to be corrected by good mental hygiene. The various antisocial attitudes that lead to crime are problems for the mental hygienist. Dependency, in so far as it is social parasitism not due to mental or physical defect, belongs to mental hygiene. Indeed, the movement which Mr. Beers inaugurated would seem to be in large measure the solution for many social problems which might seem unrelated to psychiatry.

But mental hygiene has a message also for those who consider themselves quite normal, for by its aims, the man who is fifty per cent efficient can make himself seventy per cent efficient; and the man seventy per cent, perhaps eighty per cent; and so

on."—*Charles P. Emerson, M.D., Dean of the Medical School, Indiana University.*

OPINIONS, REVIEWS AND HONORS

Booth Tarkington:

"'A Mind That Found Itself' is a book as interesting as it is noble."

Review of Reviews:

"The author's narrative in itself is unique in literature."

Daily Mail, London, England:

"It is a book which once taken up will certainly not be replaced on the book-shelf until every page has been read."

Wilbur L. Cross, Editor, Yale Review:

"You have produced a strange and thrilling account of your experiences in such form that your book is destined to become a classic."

The Outlook, London, England:

"Not often, in the flood of well-written books that pours every week from the press, does the reviewer come upon one in so simple, easy, yet elegant a style."

Dr. Livingston Farrand, President, Cornell University:

"I read your book last night. The best proof of my interest is that I finished it before going to bed.

It is one of the most striking and convincing documents that I have ever seen."

Dr. Henry Van Dyke:

"A remarkable book, certainly of a most extraordinary quality. A friend of mine sat up nearly all night to read it, and said when he brought it back: 'That is more interesting than a novel.'"

North American Review:

"Nobody can escape the most valuable effect of the book—that of drawing the reader to a striking and fascinating personality, direct and sensible and promising to become an excellent champion for a great cause."

His Eminence, the Late Cardinal Gibbons:

"I read 'A Mind That Found Itself' with profound interest. To me it is a wonderful book. I scarcely remember ever having read anything which stirred me so deeply, or left upon my memory stronger or more vivid impressions."

The Lancet, London, England:

"No other such account as this has ever been written; the combination of exact memory, literary ability and quite unusual powers of introspection and self-analysis must be sufficiently rare in potential authors of this kind to render it quite improbable that this example will be equalled in the future."

Dr. C. Macfie Campbell, Professor of Psychiatry, Harvard University, Cambridge:

"Every reader, lay or medical, cannot but be carried away by the rush of the narrative. You have furnished us, not only with a literary ornament, but with a powerful weapon and instrument of social progress. Those who have vague ideas on the exact nature and scope of this important movement will find in 'A Mind That Found Itself' a tale of intense human interest and an admirable introduction to some of the practical problems of mental hygiene."

The late Dr. Charles W. Eliot:

"Among your friends and supporters, the most interesting and remarkable personage, to my thinking, was William James. His letters to you about your work, and his gift of a thousand dollars to your cause—for him a very large gift—must have been very delightful to you, and helpful also. They moved me very much as I read them last evening; and I hope that they will move to aid you some among his numerous friends and admirers who can afford the luxury and enjoy the privilege of liberally endowing worthy and competent agencies for promoting human welfare."

Dr. Jacob Gould Schurman:

"It is a most extraordinary thing to have a book written under such circumstances. If there is any-

thing like it in the history of literature, I am not acquainted with it. It is a wonderful volume—whether one considers its contents or the circumstances of its origin—and I find it intensely interesting. I found myself constantly admiring your literary gifts. And it is curious to reflect that they might never have come to a birth but for your domicile in a hospital for the insane. It is the last place in the world one would select as a school of liberal culture, yet in your case it meant a good deal more for your literary accomplishment than a college does for the generality of the students."

*William James:**

"You have handled a difficult theme with great skill, and produced a narrative of absorbing interest to scientist as well as layman. It reads like fiction, but it is not fiction; and this I state emphatically, knowing how prone the uninitiated are to doubt the truthfulness of descriptions of abnormal mental processes. I think that your tenacity of purpose, foresight, tact, temper, discretion and patience are beyond all praise, and I esteem it an honor to have been in any way associated with you. Your name will loom big hereafter, for your movement must prosper."

* It was William James who wrote the introduction to the first edition of "A Mind That Found Itself" and helped find a publisher. The first nine printings were issued by Longmans, Green & Company. In 1923, Doubleday, Page & Company became the publishers, since which time two editions have been printed.

The Late Dr. Henry B. Favill, of Chicago:

"He came through that experience with an accurate memory and acute perception of everything that happened to him, a clear recollection of all the perverted mental processes that he went through, a keen sense of the misinterpretation to which his mental processes were exposed, a very temperate resentment at the unnecessary hardships and brutalities which he experienced, the outgrowth of a system and not of personal default, and all this he imparted in one of the most remarkable books of the age, 'A Mind That Found Itself'. With tremendous conviction and singleness of purpose, he has devoted himself to the amelioration of social conditions as they bear upon the question of mental integrity."

Survey Graphic, New York City:

"Dr. Philippe Pinel, during the French Revolution, risked his life and liberty when he insisted that the insane were sick human beings, and pleaded for, and secured, official permission to unshackle the so-called maniacs in the asylums of Paris. Clifford W. Beers, through the imperilment of his life and an actual deprivation of liberty, has transformed our ideas concerning the management of the mentally diseased. His personal message has created a new understanding of the mentally afflicted. Through finding his own mind, he was enabled to awaken and foster a public conscience

against the incompetence, abuse, and injustice so prevalent in institutions for the mentally ill. . . . The world may celebrate the tercentenary of Shakespeare's folio edition, but its social value has been inconsequential compared with this autobiography. Disregard its really literary excellence, ignore its merit as a psychological document, cast aside its historical values, still one cannot escape its inspirational character, or fail to recognize its power as a social instrument for promoting human welfare."

A similar estimate of the value of Mr. Beers's services was given at the Sixteenth Annual Meeting of The National Committee for Mental Hygiene, when Dr. Bedford Pierce, for thirty years Medical Superintendent of the York Retreat in England, where William Tuke in 1795, without ever having heard of the work of Dr. Pinel in Paris, instituted humane care and treatment for the insane, said that " the name of Mr. Beers will go down to posterity with those of Tuke and Pinel as one of the great benefactors of humanity ".

Honorary Degree

Yale University, in June, 1922, conferred upon Mr. Beers, himself a graduate of Yale, the honorary degree of Master of Arts. " His life," Professor William Lyon Phelps said upon that occasion, " has been filled with spiritual adventures. He is the author of a book apparently destined to become a

classic, 'A Mind That Found Itself'. In this, with unmatched eloquence of sincerity, he has described his terrific experiences in that obscure border-land beyond the bounds of sanity. On his return to the world of causation, instead of trying to forget his sufferings, he determined to use them for the benefit of mankind. Besides the extraordinary influence of his book, both in the field of literature and human helpfulness, Mr. Beers has labored incessantly for the cause of mental hygiene. No explorer on land or sea has shown more inflexible courage than has Mr. Beers in penetrating beyond the frontiers of orderly thought." When President Angell conferred the honorary degree, he said it was "for indomitable courage and devotion in turning to the enduring benefit of mankind experiences that have driven most sufferers to silence and seclusion".

Honorary Memberships

At the meeting of the British National Council for Mental Hygiene, held on June 27, 1923, Mr. Beers was elected an honorary member, and the following tribute and appreciation was read by Lt. Col. J. R. Lord, C.B.E., M.B., Joint Honorary Secretary of the Council:

"Mr. Chairman, Ladies and Gentlemen—It is a happy augury for the success of our Council that we should, at this early stage, have in our midst the mind that conceived the great movement of which the National Council for Mental Hygiene of

Great Britain is the latest expression. I refer to Mr. Clifford W. Beers, a citizen of the United States, and Secretary of The National Committee for Mental Hygiene, New York. The Grand Amphitheatre of the Sorbonne, Paris, has only just ceased to reverberate with the welcome given him by our sister League of France. We are not yet, unfortunately, in a position to hold a demonstration of that magnitude to further the objects of our Council, an occasion more fitting than the present one to greet Mr. Beers, but, nevertheless, our welcome is not less hearty and our homage not less sincere.

"To narrate the splendid part Mr. Beers has played in the inauguration of the mental hygiene movement is not my particular object this evening. I quite recognize that this is not an occasion when one could do justice to so great a subject. I need only remind you that Mr. Beers, on recovery from a mental breakdown and having acquired personal knowledge as a patient in both private and public mental institutions, wrote a book in 1908, which he named 'A Mind That Found Itself'. His object was to point out that mental disease as a public health problem was one of vast importance, and needed the earnest attention of all thoughtful people. The importance of that book was enhanced by the fact that it was written by a man of education and of more than usual powers of observation. Following this he formulated a plan for an organized

mental hygiene movement. His activities first began in his native State of Connecticut, where the first Mental Hygiene Society was founded in 1908. The National Committee was created in 1909, and by 1912 had on its roll of members the names of many of America's most illustrious men—judges, lawyers, physicians, educationalists, clergymen, political economists, *et al.* It has already a record of achievements to be proud of, and it is now the most powerful agency for the amelioration of the mentally afflicted that America has seen since the time of Dorothea Dix. Many of the States of America have Mental Hygiene Societies. The movement has spread to Canada, Great Britain, the continent of Europe, South Africa, and lately Brazil, and representatives of ten countries conferred with Mr. Beers in Paris regarding plans for a projected International Congress and the organizing of National Leagues in countries where they have not yet been established. So that which lies to the credit of Mr. Clifford W. Beers is no mean achievement. . . .

"'A Mind That Found Itself' was something more than a classic in psychiatric literature. It was at once an inspiration, a message, an impelling force, a call which could not be resisted. Its power has already made itself felt in four continents, and will find its greatest opportunity when the First International Congress on Mental Hygiene meets in America, out of which will grow an International Committee or League to coördinate and stimulate

the work of the various National Mental Hygiene organizations.

"Honor be to him who in his own country has stirred men's minds to realize at last that the mental health of the people is the most important factor in human efficiency and in human happiness, and is the only true basis for the greatness of a nation."

The American Psychiatric Association, the oldest national medical society in the United States, which, in all its history, has admitted to membership only a few laymen, elected Mr. Beers an honorary member at its Eightieth Annual Meeting, in recognition of what he, his book and The National Committee for Mental Hygiene had done toward bringing about a better understanding on the part of the public regarding problems of institutional management and the nature, treatment, and prevention of mental disorders.

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